

Referral to:



**Share & Care**  
Community Services Group  
*Building resilience in communities*

**Share & Care Program you are referring to: (PLEASE TICK)**

- |   |   |
|---|---|
| <input type="checkbox"/> Mental Health Support Service                        | <input type="checkbox"/> Mental Health Respite                                |
| <input type="checkbox"/> Community Aged Care Packages                         | <input type="checkbox"/> Homemaker Program                                    |
| <input type="checkbox"/> Northam Women's Refuge                               | <input type="checkbox"/> Narrogin Women's Refuge                              |
| <input type="checkbox"/> Narrogin Family & Domestic Violence Outreach Service | <input type="checkbox"/> Financial Counselling                                |
| <input type="checkbox"/> Safe at Home Program (F&DV)                          | <input type="checkbox"/> Emergency Relief/Families Assistance                 |
| <input type="checkbox"/> Emergency Accommodation                              | <input type="checkbox"/> Housing Support                                      |
| <input type="checkbox"/> Home and Community Care                              | <input type="checkbox"/> Meals at Home  |
| <input type="checkbox"/> Families Assistance Program                          | <input type="checkbox"/> Case Management (F&DV)                               |
| <input type="checkbox"/> Start Tapping Program                                | <input type="checkbox"/> Men's Lodge  |
| <input type="checkbox"/> Narrogin Rainbow Centre                              | <input type="checkbox"/> Child Support (Family & Domestic Violence-Nthm& Ngn) |
| <input type="checkbox"/> Seniors Social Club                                  |   |

Name of Referring Agency \_\_\_\_\_  
Date \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Signature \_\_\_\_\_

Name of Client \_\_\_\_\_  
D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Country of Birth \_\_\_\_\_

- Aboriginal/ATSI       CaLD       Unknown       Australian

**Relevant Health or other Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Services being provided by other agencies:**

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**Details of service/s required:**

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**Any other details you wish to add:**

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The Consumer and/or Carer agrees to this referral  Yes  No

Consumer Signature \_\_\_\_\_

Carer Signature (where applicable) \_\_\_\_\_

Date \_\_\_\_\_

**Please fax or post this form to:**

**Share & Care**

**Box 365, Northam Western Australia 6401**

Ph. 96222828

Fax. 96225070

**We will respond to you within 48 hours**