



Whittlesea Connect Community Transport Service

Agency Referral Form

Client Details	
Surname	First Name
Has client used the Community Transport Service since May 2010?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Preferred Name	
Address			
Suburb		Post Code	
Phone Number		Mobile	

Age	< 16 years <input type="checkbox"/>	17 – 25 <input type="checkbox"/>	26 – 40 <input type="checkbox"/>	41 – 60 <input type="checkbox"/>	61 – 75 <input type="checkbox"/>	76 + <input type="checkbox"/>
Aboriginal/Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated <input type="checkbox"/>			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Country of Birth				Language Spoken at Home		
Interpreter Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>			Other Languages Spoken		
Work Status				Main Centrelink Benefit		

Does the client use a mobility aid? Stick <input type="checkbox"/> Walking Frame <input type="checkbox"/> Other: <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the client a wheelchair user? <i>If yes, please tick box below:</i> <i>Note: If the wheelchair has side panels, these <u>must</u> be able to be lifted up for the client to be transported</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the client require assistance getting to and from vehicle or in and out of vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transport Disadvantage	Please indicate below how your client is transport disadvantaged?	

Are there any risks or barriers on or near the clients property that drivers should be aware of (ie: dogs, locked gates, intercoms)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Journey Details			
Referring Agency Name		Worker Name	
Worker Contact Number		Worker Email	
Purpose of Journey (ie medical appoint, etc)			
Will anyone be accompanying the client?	How many:	Relationship to client: (If a child is travelling with client please fill in section on page 2)	
Requested Pick Up Date		Requested Pick Up Time	
Pick up from	Address: Is this a private residence/house Yes <input type="checkbox"/>		
Take to:	Location Name: Address		
What time is their appointment?		What time will their appointment end?	
How many Journeys are required as part of this referral?	A single one-way journey <input type="checkbox"/> One return Journey <input type="checkbox"/> Multiple journeys – Please describe (eg 3 return journeys at 10am on specific dates) (Please note, service provision will depend on availability and multiple journeys may be limited or not always possible)		

Is the client travelling with children?	If yes, please fill in below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child 1	DOB: Approx Child's weight (kg's) _____		
Child 2	DOB: Approx Child's weight (kg's) _____		
Child 3	DOB: Approx Child's weight (kg's) _____		
Child 4	DOB: Approx Child's weight (kg's) _____		
Child 5	DOB: Approx Child's weight (kg's) _____		
Child 6	DOB: Approx Child's weight (kg's) _____		

Will your agency be making a contribution on behalf of your client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>While this is not compulsory, the Community Transport Service is an unfunded service and it's continuance will depend on contributions being made by agencies who regularly use the service to support their clients (invoices and receipts can be provided on request)</i>		

Please return completed form by mail or fax to:

Whittlesea Connect Community Transport Service
Whittlesea Community Connections
Shop 111, Epping Plaza, High Street, Epping 3076

Fax: (03) 9401 6677
Phone: (03) 9401 6666

Office Use Only	
Journey confirmed with client	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referred to alternative service	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Referred to:	