

RYDE/HUNTERS HILL HOME MODIFICATION AND MAINTENANCE SERVICE (CLIENT)

All clients must be registered with My Aged Care (Phone No: 1800 200 422) to be eligible for this offer.

Please send completed form in the reply paid envelope.

My Aged Care#

Date of referral

Council Contact Details

Customer Service 1 Pope Street, Ryde NSW
Post Locked Bag 2069, North Ryde NSW 1670
Email hmms@ryde.nsw.gov.au
Phone (02) 9952 8308

Funded by the Australian Government Department of Health.

PART 1 : CLIENT DETAILS

Title Mr Mrs Ms Miss Other

Date of birth

Given Name **Family Name**

Country of birth **Language spoken at home**

Unit/Suite No. or House No. **Street address**

Suburb **Postcode***

Preferred Contact Mobile Home

Mobile **Home Phone**

Email

Pension number **Council rates paid to** Ryde Hunters Hill

Client status Aged person Carer

Nationality/language spoken Torres Strait Islander Australian Aboriginal Other

Source of income Full aged pension Part aged pension Self funded

PART 2 : CLIENT ACCOMMODATION STATUS / LIVING ARRANGEMENTS

What is your accommodation status? Home owner Private Tenant

What are your living arrangements? With a spouse/partner With relatives/persons Live by yourself

PART 3 : WORK REQUESTED

Please tick the offer you would like to request:

Electrical Safety Check Gutter Cleaning

To enable the service to continue to receive funding, we are required to report statistical details only, to our funding bodies. No names or addresses are reported.

*Please select Yes or NO for consent for reporting as shown below.

PART 4 : DECLARATION

I declare that all the information provided on this form is, to the best of my knowledge, true and correct.

Client's Signature

Date

*I give my consent for reporting Yes No

PART 5 : CARER DETAILS

Paid Yes No

Title Mr Mrs Ms Miss Other

Date of birth

Given Name

Family Name

Country of birth

Language spoken at home

Unit/Suite No. or House No.

Street address

Suburb

Postcode

Relationship to client

Co-resident

Yes No