

# Ryde/Hunters Hill Home Modification & Maintenance Service - OT

Phone: **9952 8308**

Email: [hmms@ryde.nsw.gov.au](mailto:hmms@ryde.nsw.gov.au)

All referrals are to be registered with: My Aged Care [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

AC#.....

CLIENT DETAIL Mr Mrs Ms URGENT ASAP IN-TURN DATE of Referral: .....

Surname:..... First Name:..... D.O.B. ....

Address:.....

Post Code:..... Phone Number:.....

OT'S NAME..... Phone ..... Fax:.....

OT Organisation:..... Mobile..... Email:.....

Client to be contacted Yes or No (if NO – reason must be stated)

Reason for not contacting.....

BILLING DETAILS.....

CONTACT PERSON: *Must be completed if unable to speak to client*

Name: ..... Relationship..... Phone Number.....

CARER DETAILS: (all details required)

Name..... D.O.B..... Country of Birth.....

Relationship..... Co-resident Yes/No Suburb..... Post Code.....

Language spoken at home.....

Client Status: AGED PERSON

Nationality: AUSTRALIAN ABORIGINAL TSI OTHER

Country of Birth: .....

Income: FULL PENSION / PART PENSION / SELF FUNDED / OTHER (list).....

Pension number: .....

Accommodation: CLIENT HOME OWNER YES / NO OTHER (give details) .....

PRIVATE TENANT (Written permission required & must be enclosed)

Living Arrangements: SPOUSE / PARTNER ALONE OTHER RELATIVES / PERSONS

Aware Cost Involved: Yes / No

Financial Difficulties: Yes / No

**Please attach a list of work requested including diagrams showing measurements and summary.**



**Name:**.....

**Address:**.....

.....

.....

**Date:**.....

The Home Modification Service is required to ask you for details of your income for us to assess your subsidy level.

This is a requirement for our Service to comply within our Funding Agreement.

***Please complete the following table to comply with these requirements.***

FULL PENSION		SINGLE		PENSION CARD NUMBER	
PART PENSION		COUPLE		PENSION CARD NUMBER	

*Please tick appropriate boxes*

**OR**

NO PENSION OR BENEFIT	<b>TOTAL HOUSEHOLD INCOME IS REQUIRED</b>		
<b>COUPLE</b>		<b>SINGLE</b>	
ESTIMATED ANNUAL INCOME	\$.....	ESTIMATED ANNUAL INCOME	\$.....
NUMBER OF DEPENDANTS		NUMBER OF DEPENDANTS	

**Client declaration**

- I declare that all the information I have supplied is true and correct to the best of my knowledge.
- I agree to notify my service provider of changes in my personal or financial circumstances that may affect my personal or financial circumstances within 14 days.

Signature:.....Date:.....

If you have concerns or further enquiries please contact Lisa Luong at Ryde/Hunters Hill Home Modification & Maintenance Service on 9952 8308.