

OFFICE USE ONLY:

<input type="checkbox"/> CHSP	<input type="checkbox"/> NDIS	<input type="checkbox"/> CTP- <input type="checkbox"/> N/H <input type="checkbox"/> TEMP	DATE Received:
AC#:	WALLET CHECK: required <input type="checkbox"/> completed <input type="checkbox"/>		DATE Approved:

Consumer Registration Form/Service Care Plan

Please complete both sides of form giving as much information as possible so that we can assess your application for services. Please contact the office to confirm your application.

Details:

First Name:	Last Name:
D.O.B:	Home: Mobile:
Other contact names & numbers:	
Country of Birth:	Language Spoken at home:

Need help to communicate? YES NO

Home Address:

Postcode:

Email:

	Would you like to join our email subscription to receive a regular copy of our Newsletter? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Gender:

Male Female Intersex Indeterminate Not Stated / Inadequately Described

What do we need to be aware of in how your supports are provided:

e.g. What assistance is required, cultural & faith considerations, gender of support staff, what good support looks like to you, do's and don'ts etc. Please provide details/ instructions:

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Emergency & Other Contacts

Do you have a:

Service Provider for Home Care Package: YES NO
Emergency contacts YES NO
Next of Kin, Carer, Advocate YES NO

If answered YES to any provide details and any other important contacts:

RELATIONSHIP:	NAME	PHONE	ADDRESS
Emergency Contact Person 1			
Emergency Contact Person 2			
Local Doctor			

Emergency & Other Contacts cont.

RELATIONSHIP:	NAME	PHONE	ADDRESS

Please circle YES or NO to indicate if you need or receive assistance for the following:

Comments:

- Is this a workers compensation or insurance claim? YES or NO _____
- Can you move independently from your home to the vehicle? YES or NO _____
- Can you manage 2 to 3 steps independently? YES or NO _____
- Can you manoeuvre independently in and out of the vehicle? YES or NO _____
- Can you manage alone at your destination? YES or NO _____
- Will a carer/attendant travel with you to provide any necessary help? YES or NO _____
- If YES** will the attendant be travelling with a mobility aid?
No mobility aids Walking stick Other.....

- Do you need to use a mobility aid or other equipment when you travel? YES or NO _____
- If YES** List equipment/ mobility aid used:
 Walker/ Rollator Wheelchair Walking stick Oxygen
 Guide dog Other.....

- Do you require a vehicle with a hoist/ ramp:** YES or NO _____
- Will you need to access to medical transport? YES or NO _____
- Do you have a disability or any health issues that may be relevant to you receiving transport services. YES or NO _____

If YES disability type:

- Intellectual Learning Not Stated / Inadequately Described
 Physical / Diverse Psychiatric
 Sensory / Speech Comments:.....

Are there any vehicle access issues to your home? YES or NO
 e.g no stopping, no driveway. IF provide details: _____

Please indicate if you need or receive assistance for the following:

- Help at Home? YES or NO _____
 One on One Social Support? YES or NO _____
 Personal Care? YES or NO _____
 Clinical Care? YES or NO _____
 Travel Training? YES or NO _____

Pension:

- Aged Disability Support Pension Other Self-Funded No pension

Pension Status:

- Full None Part Neither

Department of Veteran Affairs (DVA) Status:

- Gold Orange White No DVA entitlement

Indigenous Status:

- Aboriginal Aboriginal and Torres Strait Islander
 No Not Stated / Inadequately Described Torres Strait Islander

Client Living Arrangements:

- Couple Couple with Dependant[s]
 Group [Related Adults] Group [Unrelated Adults]
 Homeless/ No Household Not Stated/ Inadequately Described
 Single [Person Living Alone] Sole Parent with Dependant[s]

Accommodation Setting:

- Boarding House Crisis Emergency or Transition
 Independent Living Unit Indigenous Community / Settlement
 Institutional Setting (i.e. Residential Aged Care, Hospital)
 Not Stated Other
 Private Residence –Client or Family Owned / Purchasing
 Private Residence - Private Rental Private Residence - Public Rental
 Public Shelter Supported Accommodation

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Urgent Transport:

Do you have any immediate/ urgent, transport requirements YES or NO
 If YES provide details below:

Date required:	Pick up from:	Destination:	Appointment time:	Return trip	Carer going?

Consent:

Transport for NSW provides funding to St George Community Transport (STGCT) to provide services under various government programs including Commonwealth Home Support Program. As part of our funding contract we are required to forward quarterly reports to our funding body. This report contains de-identified data for statistical and funding purposes only. Please note that this information does not include your name or any personal details. Please indicate consent for your de-identified details being included in these statistics.

Consent for STGCT to collect and use personal information: **YES or NO**

Do you consent for future contact for survey/ research/ evaluation: **YES or NO**

Privacy & Confidentiality:

St George Community Transport (STGCT) respects your privacy and information disclosed to us will be private and confidential. We do not give your information to any agency, other people or organisations without your consent. Please note that you will:

- receive a form to register your written consent for STGCT to Store and Share your information.
- receive a Media Release form to complete.
- at any time during the registration process with STGCT or while you are receiving services from STGCT, you can change your consent or discontinue using our services.
- You can opt out of or change your consent in relation to your media release or consent to store and share information at any time.
- Please call our office on 02 9585 3000 or email us at reception@stgct.org.au and we will send you a new form/s to complete.

Referral Comments:.....

What services would you like to receive?.....

By using our services what do you hope to achieve?
 i.e. Improved health, reduced social isolation, medical needs;

Goal	Outcome	Achieved by when

Referral:

How did you hear about St George Community Transport?

Eg: did you attend a presentation? Receive a brochure in your mailbox? Did a friend tell you about us?

Did your doctor/ specialist's reception have a brochure? Found our website? Internet search? Or other?

Referrers Details:

Contact Name: Organisation:

Phone:

Assessor notes: (Please indicate if the client requires a home risk assessment)

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OFFICE USE ONLY		Date & Signature
Explain: <input type="checkbox"/> How to make a booking <input type="checkbox"/> 3 days (or more) Notice <input type="checkbox"/> Costs <input type="checkbox"/> What happens on the day of travel <input type="checkbox"/> Social Outing	Complete Route Match <input type="checkbox"/> MAC accepted <input type="checkbox"/> Welcome Letter <input type="checkbox"/> Email Subscription <input type="checkbox"/>

OFFICE USE ONLY (CTP Registrations)
Receiving services under any of these government funded programs? <input type="checkbox"/> CHSP: Commonwealth Home Support Program <input type="checkbox"/> CCSP: Community Care Supports Program <input type="checkbox"/> TTSS: Taxi Transport Subsidy Scheme <input type="checkbox"/> ASTP: Assisted School Travel Program <input type="checkbox"/> NDIS: National Disability Insurance Scheme <input type="checkbox"/> NEPT: Patient Transport Service PTS (formerly known as NEPT)