



SCIA Occasional and Emergency Services Application Form

Please complete and return this referral form to: **SCIA – Community Services Coordinator**
Email: info@scia.org.au **Fax:** 02 9661 9598
Mail: Spinal Cord Injuries Australia, PO Box 397, Matraville NSW 2036

Client Information

Full Name: _____ Date of application: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Telephone: Home: _____ Mobile: _____

Email: _____

Date of Birth: _____ Country of Birth: _____

In Case of Emergency (ICE) Contact: Name: _____ Phone: _____

Relationship: _____ Email: _____

Communication Type Spoken Sign Other non-spoken Little/no Communication

Main Language: _____ Interpreter Required Yes No

Aboriginal Origin? Yes No Torres Strait Islander Yes No

Gender: Male Female Marital Status: _____

Level of Injury: _____ ASIA Score (If known): _____

Date of Onset: _____ Cause/Condition: _____

Secondary Disability: Yes No Details: _____

Other Medical History: _____

Allergies: _____

Current Health Issues: _____

Membership: Tick box to become a member:
 Accord - SCIA's magazine? Yes No delivered by email mail both
 Do you wish to receive E-news and other updates from SCIA? Yes No
 SCIA's Annual Report? Yes No delivered by email mail both

Please describe the Client's Situation

NOTE: SCIA are required under our funding agreement to collect the following information.

Where The Client Lives	<input type="checkbox"/> Private owned/rental <input type="checkbox"/> Aboriginal community <input type="checkbox"/> Supported living—domestic, eg group home <input type="checkbox"/> Supported accommodation, eg hostel, residential service/facility <input type="checkbox"/> Boarding house / Private hotel <input type="checkbox"/> Independent in retirement village <input type="checkbox"/> Aged care <input type="checkbox"/> Psychiatric facility <input type="checkbox"/> Hospital <input type="checkbox"/> Short-term crisis, emergency, transitional <input type="checkbox"/> Public place / temporary shelter <input type="checkbox"/> Other: _____		
Who They Live With	<input type="checkbox"/> Alone <input type="checkbox"/> With family <input type="checkbox"/> With others <input type="checkbox"/> Other: _____		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Volunteer work <input type="checkbox"/> Student <input type="checkbox"/> Unemployed		
Main income	<input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other government benefit <input type="checkbox"/> Employment <input type="checkbox"/> Compensation <input type="checkbox"/> Other, eg super, investment <input type="checkbox"/> Nil income		
Relation of carer to client	— Partner/spouse <input type="checkbox"/> M <input type="checkbox"/> F — Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father — Child <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Son-in-law <input type="checkbox"/> Daughter -in-law — Friend/neighbour <input type="checkbox"/> M <input type="checkbox"/> F		
Carer Details	Carer Residency Status	Is This The Sole Carer?	Primary Carer's Age
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Under 15 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+
Does the client have any problems with memory?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client have any behavioural problems e.g. aggression, agitation?			<input type="checkbox"/> Yes <input type="checkbox"/> No

OE01-SCIA Occasional and Emergency Services Application Form. Updated August 2017. Page 2 of 2

Please Describe The Client's Support Needs				
Activity	Support Needs			
Self Care	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Interpersonal Interactions	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
General Tasks	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Education	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Community	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Financial	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Housework	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Working	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Communication	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently
Shopping	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Sometimes requires help	<input type="checkbox"/> Unable to do independently

Referrer details

Name: _____ Tel: _____
 Position: _____
 Organisation: _____
 Email: _____

Personal information collected on this form will be retained and used for the purpose of Spinal Cord Injuries Australia (SCIA) providing supports and services. Without this information SCIA may be unable to provide our supports and services to you. As part of our supports and service to you, personal information may be disclosed to a third party such as a Social Worker or other health professional, an employer, an agency or service provider or provided to the relevant Federal or State Government Department as required under our funding agreements. Some of these parties may be located overseas. We may collect personal information from a third party such as your carer, trustee or authorised representative in the event where this information is required so that we can provide appropriate assistance to you. If you provide us with personal information about another person, you must ensure they are provided with a copy of this Privacy Notice. Completing and lodging this application with SCIA indicates your acknowledgement of this and that you grant your consent for the collection of personal information to occur. Our Privacy Policy contains information on how you can access or seek correction of the personal information we hold about you. It also contains information on how you can make a privacy complaint and how we will deal with your complaint. To access our Privacy Policy, please visit our website at: www.scia.org.au/privacy-policy or phone 1800 819 775 to obtain a copy.

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