



City of
Kalgoorlie-Boulder

EASTERN GOLDFIELDS COMMUNITY CENTRE

PO Box 2042, Boulder, WA

Phone: 90219800

Fax: 90217157

CLIENT REFERRAL FORM

CLIENT NAME.....

ADDRESS.....

PHONE NUMBER.....

NAME OF PERSON/AGENCY SUPPLYING REFERRAL.....

PHONE.....EMAIL.....

PLEASE PROVIDE A BREIF SOCIAL/MEDICAL HISTORY.....

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SERVICES REQUIRED:

ADULT DAY CENTRE		PERSONAL CARE	
MEALS ON WHEELS		DOMESTIC ASSISTANCE	
TRANSPORT		CARER SUPPORT	
SOCIAL SUPPORT		RESPIRE	

Please note that service eligibility is dependent upon a HACC Needs Assessment.

Office Use Only

Date of Assessment...../...../.....

Source of Referral notified of outcome: Yes () No()

Signed.....