**CARE FINANCIAL COUNSELLING SERVICE**

**Workers Referral Information**

Care prefers direct contact by the client whenever possible. This empowers the client to take control of their situation and is more likely to engage with the financial counselling process.

We acknowledge that for some clients this is not possible and a worker’s referral on behalf of the client may be preferable, provided the client has given consent.

Worker Referral:

* Please complete this form with the client. This form is not intended for clients to compete by themselves.
* Please email the completed form to [admin@carefcs.org](mailto:admin@carefcs.org).
* Care will contact the client directly.

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| **REFERRAL DETAILS** | | |
| Support Worker Name: | Phone: | Email: |
| **BRIEF OUTLINE OF ISSUES** | | |
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**Financial Counselling Referral Form**

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| **CONSENT TO COLLECT INFORMATION** *See our privacy policy on* [*www.carefcs.org*](http://www.carefcs.org) | | | | | |
| All information on this form will be treated in accordance with the Care Inc’s Privacy Policy.  This information is stored on a database.  Care collects personal information before providing financial counselling and legal services. Personal information may be disclosed if there is a serious threat to life, health or safety to any person or is required by law, for example, by order of a court or tribunal.  Does the person agree to provide information on this basis?  Does the person agree to Care and Support worker exchanging information to facilitate support? | | | | | |
| **PERSONAL DETAILS** | | | | | |
| Name: | | DOB | | Gender: | Enquiry Date: |
| Address | | | | | |
| Phone number Is it OK to leave a message? YES/ NO  Email Is it OK to email? YES/ NO | | | | | |
| Aboriginal  Torres Strait Islander  Neither | Country of birth:  Language spoken at home:  Interpreter required YES / NO | | Have you been affected by family violence?  YES / NO  Details: | | |
| Public housing  Private rental  Buying home  Own home  Other | Have you or anyone in your family, ever had an issue with gambling? YES / NO Details: | | Is there any other person involved in your finances (dispute, joint debts or separation)? YES / NO  Person’s name: | | |
| What is your household type?  Couple with dependant children  Couple without dependant children  ☐ Sole parent with dependant children  Individual without dependant children  Extended family household  Other…………………. | | | What is your Income source? (e.g. employed full-time/part-time, Centrelink payment type)? | | |
| What is your highest level of education? | | |
| Do you hold Permanent Resident status in Australia? YES / NO / Not stated | Which Australian visa do you hold? | | Are you a member of the LGBTIQA+ communities?  YES / NO / Not stated | | |
| Does the client have a Community Loan with Care? YES / NO | | | | | |