

HOME & GARDEN MAINTENANCE REFERRAL FORM



Please complete & email this form with supporting documents and images to: office@mha.org.au

Are you registered for Support at Home through a registered provider? YES NO
If yes, please contact your SAH Provider for all home maintenance or garden maintenance requests. We require a written approval for any services to be funded through Support at Home

Registered with My Age Care: YES NO
MAC AC No:
MAC Home or Garden Maintenance Referral Code:
Have you been assessed within the last 12 months? YES NO

PENSION TYPE: (if applicable) – Please Circle			
Age Pension	<input type="checkbox"/>	CRN:	Self-funded retiree
Disability Support Pension	<input type="checkbox"/>		<input type="checkbox"/>

CLIENT DETAILS			
Title:	First Name:	Last Name:	
Street Address:		Date of birth:	
Suburb:		Phone:	
Preferred Name:		Email:	
Preferred Contact method: Phone:		Email:	
Living Arrangements: (Please Select)		Home	Unit
Independent Living unit or like	(Permission Required)	Caravan	SIL
Home Owner	Rental	(Landlords Permission Required)	
Public Housing	(DOH must be approached first to complete work)		

Next of Kin or Authorised Person – Contact Details:		
Contact Name:		
Phone:	Email:	
Family Member:	Carer:	Other: (please outline)

HOME MAINTENANCE & REPAIRS

Who currently assists you with home maintenance or repairs?

Family Members | Friend | Tradesperson (paid) | No-one

Details of work required? (Please provide photos of the area)

LAWN | GARDEN MAINTENANCE

CHSP Referral Code:

Who currently assists you with home maintenance or repairs?

Family Members | Friend | Tradesperson (paid) | No-one

What is the reason for wanting to change your current lawn | garden management?

Is there any other pertinent information we may need to complete these works? (Example Large Dog or other concerning animals)



Providing Quality Home Modification and Maintenance Services

**Empowering the Elderly
and Disabled to Live
Safely and Independently
in their Home.**



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