



**BUILDING SOLUTIONS**

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QBCC: 23027



REGISTERED  
NDIS  
PROVIDER



Australian Government  
Department of Veterans' Affairs



## Cottage Carpentry Home Modifications Referral Form

Please return completed form to: [mail@mascotbridge.com.au](mailto:mail@mascotbridge.com.au)

Occupational Therapist Name:	Date of Referral:
Organisation:	Days Available:
Occupational Therapist Email:	Occupational Therapist Contact No:
Alternate Occupational Therapist Name:	Alternate Occupational Therapist Ph or Email:

### Client Information

Title:	Full Name:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/> OTHER <input type="checkbox"/>	DOB:	Mobile No:
Street Address:	Suburb/Town:	
Home Phone:	Email:	
Alternate Contact Name:	Contact No:	Relationship:

### NDIS Information

NDIS No.	Plan Dates:
NDIS Payment Category: <i>Home modifications, Assistive Technology etc.</i>	
Home Phone:	Email:
Next of Kin or Authorised Person:	
Relationship to Client:	
Next of Kin or Authorised Persons Contact Details:	Existence of Carer: Y <input type="checkbox"/> or N <input type="checkbox"/> (Please tick one) <i>If Yes, please provide contact name &amp; number:</i>
Email:	
Mobile No:	

Where does the client live?: (Please tick one)

- Private Residence (Client or Family Owned) Institutional Setting E.g. Residential Aged Care/Hospital
- Private Residence - Public Rental Private Residence - Private Rental
- Boarding House / Other

If the Client is renting has permission been granted by the Landlord?: Y  or N  (Please tick one) *If Yes, please provide signed rental letter of approval form*

### DVA Information

Department of Veteran Affairs (DVA) Card Status: (Please tick one)

- DVA Gold Card
- DVA Orange Card
- DVA White Card

Package Details: Is the client on a Home Care Package: Y  or N  (Please tick one)

Name of Package Provider:

Contact Details of Package Coordinator:

Phone Contact of Provider:

If yes, what is their AC Number?