Earthlink Incorporated
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Referral Form

Earthlink works and supports clients with primarily mental health, addiction & related disability concerns.

All parts of this form must be completed before returning to Earthlink.

The Clients signature must be completed on this referral to comply with the privacy Act 1981

Referring Agency details Date……/……/…..

Name of Agency…….

Contact person …… Phone number ……Cell no:……....

Referral Clients details: PLEASE STATE FULL NAMES AS THEY APPEAR ON LEGAL DOCUMENTS

Name …….. D.O.B ……./……../……..

Address…….. Phone number ……..

Next of Kin …….. Phone number ……..

Emergency Contact …….. Phone number ……

Ethnicity …….. Benefit Number ☐

Work & Income Benefit Type ……

Disability ……..

Key Worker ……

Earthlink Vocational training & employment Services ☐ Earthlink Supported Employment Services ☐

I agree that the information as shown above is true and correct

Clients Signature …….. Date ……/…../….

Office use only

Date of receipt…../……/….. Sign ……

Entered on data base by……Date …./……/……

Interview letter sent by ……Date…../……/……

Revised 09/07/10 SC