

WEE CARE RESIDENTIAL
 9 First Street Railway Estate 4810
 p (07) 4772 4499
 f (07) 4721 6401
 w www.altheaprojects.org.au
 e resi@altheaprojects.org.au



Wee Care Residential Referral Form

Please complete the following details when wishing to refer a family to Wee Care Residential.

Family Details:					
Parents/Carers Surname:			First Name:		
Address:					
Home Phone:			Mobile Phone:		
Background:					
Aboriginal		Torres Strait Islander			
Aboriginal and Torres Strait Islander					
Other, please specify					
Relationship Status:					
Single		Partnered			
Other, please specify					
Main language spoken:					
English			Other (please state):		
Children's Name and Details:					
1.	Age	DOB	/	Gender	M / F
2.	Age	DOB	/ /	Gender	M / F
3.	Age	DOB	/ /	Gender	M / F
4.	Age	DOB	/ /	Gender	M / F
5.	Age	DOB	/ /	Gender	M / F
6.	Age	DOB	/ /	Gender	M / F

Referral Details:		
Date:		Referring Agency:
Referral Agency Contact person/details:		
Reason for Referral:		
Illness	Grandparent respite	Homelessness
Respite	Domestic violence	Disability
Attending funeral	Appointments	Hospital admission
Other (please specify)		

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Has the client had previous contact with the service:	Yes	No
When and what services were provided:		
Do any of the children have a NDIS Package:	Yes	No
If Yes – What are the child/ren’s special needs:		
Access Required for the following Program/Activities:		
Respite	Parenting support	
Supported Playgroup	Emergency Relief Assistance	
Additional Comments:		
Recommendations/Action Taken:		

Referral Consent/Approval:	
I understand and agree to allow my personal information to be shared with Althea Projects Incorporated. All personal information collected by Althea Projects will be handled in accordance with our Privacy Statement.	
Parents Signature:	Date:
Referring Agencies Staff Members Signature:	Date:

Office Use Only:	
Received by Staff Members (name):	Received Date:
Actions Taken:	
Updated Referral Spreadsheet:	Yes No