



# CPS WESTERN SYDNEY REFERRAL FORM



Please make sure all information is completed for both Referrer and Person

Please tick in the Box

## ELIGIBILITY CRITERIA

- Live in Western Sydney Region
- Your mental health condition affects your day-to-day life to-day life
- Interested in applying for the NDIS – National Disability Insurance Scheme
- Service Navigation
- 1:1 Peer Support
- Group Support with activities

Has Consent been given for this referral  Yes  No

## Personal Details

Full Name:	Date of Birth:
<input type="text"/>	<input type="text"/>

Gender:  Female  Male  Transgender  Intersex  Other

Current Address:	Postcode:
<input type="text"/>	<input type="text"/>

Mobile Phone:	Home Phone:
<input type="text"/>	<input type="text"/>

Can we leave a voicemail on the number provided?  Yes  No Health Care Card  Yes  No

Email Address:	Country of Birth:
<input type="text"/>	<input type="text"/>

Interpreter Required?  Yes  No

If yes, which language:

Language Spoken at Home, Other than English

Which language:

Does the Person identify as:  Aboriginal  Torres Strait Islander  C.A.L. D  LGBTQI

Marital Status:  Never married  Widowed  Separated  Married (registered and de facto)

### Secondary Contact Details

Name:	Organisation Name:
Address:	Position or relationship to Individual:
Telephone:	Email:

### Referrer's Details

Name:	Organisation Name:
Location:	Position or relationship to Individual:
Telephone:	Email:

We appreciate you taking the time to fill in this form, our Intake Officer will be in contact with you shortly.  
Please be aware that the phone call will show up as a private number.

### Please submit your completed Referral Form to:

One Door Mental Health

Uniting

E: cpswsintake@onedoor.org.au  
PH: 1800 843 539

E: CPS@uniting.org  
PH: (02) 8599 4840

*This service has been made possible by funding from Western Sydney Primary Health Network*