

CLIENT REFERRAL IN / OUT Escare Incorporated

P.O. Box 850 Esperance WA 6450 Balmoral Square 53 The Esplanade escare.org.au

Agency In					Agency Out						
Referring to (√)	Family & Con Service		Financial Counselling Service			Youth Service	Outside S	Outside School Hours Care			
Client Surname				Date							
Given Names				DOB							
Address				Phon	e						
				Mob	Phone						
FAMILY (√)	Partnered	Single	Children	ETH	NICITY (V)	ATSI	CALD		OTHER	
OTHER SERVICES ASSISTING											
OUTLINE OF SITUATION											
ASSISTANCE REQUESTED											
CLIENT CONSENT TO EXCHANGE INFORMATION	I, * request and consent to 'two-way sharing' of information and feedback between your Service and the ESCARE worker, in regards to my care, whilst my file is active with the ESCARE service. (*Name of client)										
CLIENT SIGNATURE GUARDIAN CONSENT								Date			
Referrers Name				ferrers nature				Date			

Family & Community Service (08) 90713110 Family@escare.org.au
Youth Service (08) 90713110 Youth@escare.org.au
Financial Counselling (08) 90713101 Efcs@escare.org.au
Esperance Outside School Hours Care (08) 90717227 eoshc@escare.org.au
Executive Officer (08) 90713110 Contact@escare.org.au

Escare Inc is located at **Unit 8 Balmoral Square**, **53 The Esplanade**.

Fax number no longer in use. Please post or scan & email this form to the relevant Service Area as listed above.