# links Linking Communities Network Ltd Referral Form - EAPA

Please return via email to [lcn@lcn.org.au](mailto:lcn@lcn.org.au)

**Privacy Statement:** Linking Communities Network Ltd collects your personal information in order to provide assistance, support and advocacy to clients. This information will provide important statistics and help us find the most suitable service to suit your needs. Your personal information is protected under law and will not be passed on to anyone without your consent.

Question for client:

Do you provide consent for your personal information (name, sex, date of birth and suburb), the date you applied for assistance and the name of this service; to be available to other government and non-government homelessness services in NSW for one year after today’s date?. Your personal information will be managed in accordance with the *Information Privacy Act 2009.*

I consent to the disclosure of my personal information to other state or commonwealth government agencies and/or non‑government community agencies in order that community recovery services can be provided to address my identified needs.

**Date:  \*\* Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OR***



**(The client/applicant has been read the above privacy statement, indicated that they understand what it means and have given their verbal consent to the above)**

\*\*Consent is valid for one year from date of signing unless otherwise stated

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| 1. **INITIAL REFERRAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of initial referral** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Referral**  (insert tick in appropriate section) | Referral from Family and Community Services | | | | | | | | | | | | Referral from community organisation | | | | | | | Self-referral | | | | | | Other referral/Internal | | |
|  | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | |
| **Referring agency details** | Worker name | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | Organisation name | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Contact details | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Priority** | | Urgent | | | | | | | | | | | | | | | | Non Urgent | | | | | | | | | | |
| 1. **PRIMARY CLIENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name**  (Miss / Ms / Mrs / Mr) | | | Title | | | | |  | | | | Surname | | | | |  | | | | | | | | | | | |
| First name | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Address** | | | Current Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | Mobile | | | |  | | | | | | | | | | | Home | | | | | |  | | | | |
| **Gender** | | | Male | | | | | | | | | | | | | | | Female | | | | | | | | | | |
| **Date of birth** | | | CALD  ATSI | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred language**  (if other than English) | | |  | | | | | | | | | | | Is an interpreter required? | | | | | | | |  | | | | |  | |
| **Type of assistance required – EAPA Digital Vouchers – assistance**  **☐ Gas**  **☐ Electricity**  Provide comprehensive description below to assist referral: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Existing client of a service agency** (eg disability services, mental health service) **or referred to another agency. (If yes, what agency?)**  Enter Agency | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  |
| **Composition of household** (which of the following best describes the composition of the household) | | | | | | Single Person  Couple with dependants  Couple – no dependants | | | | | | | | | | Single Parent  Other – Please Specify below:  Click here to enter text. | | | | | | | How many people currently live in the household: Click here to enter text. | | | | | |
| Name of Dependent | | | | | Date of Birth | | | | | | | | | | Name of Dependent | | | | | | Date of Birth | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | |
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**EAPA Essential Criteria – please ensure all boxes are ticked in order to obtain assistance:**

**☐ Client is the account holder**

**☐ Client can provide photo ID**

**☐ Client can provide copy of current bill ( a disconnection notice is NOT sufficient) – The electricity account must have a National Metering Identifier (NMI) or the gas account must have a Delivery Point Identifier (DPI)/Meter Installation Reference Number (MIRN).**

**☐ Client’s primary residence is in NSW**

**☐ Client is experiencing a sudden emergency or financial crisis and is having difficulty paying their current bill, or is at risk of disconnection or has been disconnected**

**☐ Client agrees to the EAPA privacy notice (agrees to information being provided to energy providers and NSW government)**

**Please ensure this referral is emailed to** [**lcn@lcn.org.au**](mailto:lcn@lcn.org.au)

**LCN Office Use only:**

Referrer notified of assessment outcome: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Eligible / Not Eligible (Please circle)