



In-home care for kids with complex needs

Hannah's House – Referral Form

Hannah's House is focused on the quality of life for the child and support for the whole family. Our services include [in-home respite](#), [palliative care and end-of-life support](#), [assistance with daily living](#), help to transition children home from hospital following diagnosis and complementary supports such as play therapy and education. To assist us finding the right support for you, please complete the below referral form and send this document and any supporting documentation to referral@hannahshouse.org.au.

Child's Full Name:			
Child's Date of Birth:			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Home Address:			
Suburb			
Postcode			
Primary Caregiver Details			
Parents / Guardian Name:			
Relationship to Child			
Phone Number			
Email Address:			
Main Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other Please specify _____		
Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No Preferred time for contact _____		
Is the child currently accessing funding under the NDIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the child identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the child currently under the care of the Department of Child Protection and Family Support (CPFS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referrer Details - Please indicate who completed this referral form			
Parent / Guardian			
Medical Professional			
Allied Health Professional			
Other (please specify)			
If medical, health professional or other, please complete the following			
Name of Referrer			
Profession			
Place of Work			
Contact Phone Number			
Email			
<input type="checkbox"/> I (the referrer) declare that I have received consent form the parent / guardian of the child being referred to share client information with Hannah's House, and that the parent / guardian has consented to being contacted by Hannah's House to obtain further information required.			



<input type="checkbox"/> I (the referrer) have attached relevant supporting documentation including written reports and clinical assessments with permission from the parent / guardian of the child.	
Referral Details - Please indicate who completed this referral form.	
Primary Reason for Referral	
Does the child have a diagnosed disability, health concerns and / or medical condition(s).	
Please identify and mark the following supports and requirements that apply to the child	
<input type="checkbox"/> Receives Medication	<input type="checkbox"/> Enteral Nutrition:
<input type="checkbox"/> Seizures / Epilepsy	
<input type="checkbox"/> Continence <input type="checkbox"/> Incontinence	<input type="checkbox"/> Bowel <input type="checkbox"/> Bladder:
<input type="checkbox"/> Communication Needs	<input type="checkbox"/> Skin Conditions
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Asthma / allergies
<input type="checkbox"/> Mobility assistance or use of aids	<input type="checkbox"/> Pressure Care / Wound Management
<input type="checkbox"/> Airway / Respiratory Support (<i>please mark below</i>)	<input type="checkbox"/> Behaviour Support Plan / Approved Use of Restrictive Practice
<input type="checkbox"/> Tracheostomy: <input type="checkbox"/> Suctioning: <input type="checkbox"/> CPAP/BIPAP <input type="checkbox"/> Oxygen Therapy <input type="checkbox"/> Ventilator	
Please provide more information if you have marked any of the above supports:	
What type of support are you looking for?	
<input type="checkbox"/> In Home Respite	
<input type="checkbox"/> Assistance with Daily Living	
<input type="checkbox"/> In School Support	
<input type="checkbox"/> Palliative Care / End of Life Support	
<input type="checkbox"/> Nurse Care Planning	
Family and Social History - Please describe the child's family structure including immediate family, relatives, and support friends:	
Any other information	

Referral Planning Schedule

Week One

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Notes
Morning 6am to 12pm								
Afternoon 12pm to 9pm								
Night 9pm to 6am								

Week Two

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Notes
Morning 6am to 12pm								
Afternoon 12pm to 9pm								
Night 9pm to 6am								

(Please note that Hannah's House will do its best to meet your request but there is no guarantee that all requests can be accommodated)

<div style="display: flex; justify-content: space-between;"> Parent / Guardian Signature Date </div>