# Multicultural Support Services Referral Form

☐ I understand and agree to this referral, and consent to being contacted by LCHS Multicultural Services.
☐ If completed by a service provider: I confirm that I have explained this referral to the client, and they have given their consent.

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| **Date of referral**  |  |
| **Method of referral** | ☐ Self ☐ Internal ☐ External Referring Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Full Name:** |  |
| **Preferred Name** |  |
| **Date of Birth** (dd/mm/yyyy): |  |
| **Gender:** | ☐ Male ☐ Female ☐ Nonbinary ☐ Prefer not to say |
| **Phone Number:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Country of Birth:** |  |
| **Nationality:** |  |
| **Visa Type & Subclass:** |  |
| **Refugee, Asylum seeker or Humanitarian Visa Holder?** | ☐ Yes ☐ No |
| **Date of Arrival in Australia:**(dd/mm/yyyy) |  |
| **Main Language Spoken at Home:** |  |
| **English Literacy Level:** | ☐ None ☐ Low ☐ Intermediate ☐ Advanced |
| **Interpreter required:** | Yes ☐ No ☐ Language:  |
| **Medicare Status:** | ☐ Has Medicare ☐ No Medicare ☐ Unknown |
| **Do you have a disability, impairment, or long-term health condition that we should be aware of?** | ☐ Yes☐ No☐ Prefer not to say |
| **If yes, what supports or adjustments would help you to access our services?** |  |
| **Reason for Referral** **(tick all boxes that apply)** | ☐ Finding a doctor, dentist, or mental health service☐ Understanding or using government services (Medicare, MyGov)☐ Booking appointments, filling in forms, or attending appointments☐ Interpreter for English during appointments or phone calls☐ Understanding health rights, privacy, consent, or the health system☐ Aged care, disability support, or applying for the NDIS☐ Accessing local community services☐ Learning English or joining English classes☐ Finding work, writing a resume, or job club support☐ Learning to drive, road rules, or licensing☐ understanding housing & tenancy rights☐ Linking with Centrelink☐ Connecting with social or cultural groups, making friends, activities, or events☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Relevant Background or Concerns**(Optional) Please include any barriers the client is facing, other services involved, or relevant concerns: |  |

**How to Submit**

Once completed, please email completed form to mhc@lchs.com.au **OR** sets@lchs.com.au