**External Service Referral Form**

Financial Wellbeing / Financial Counselling

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | | |
| **Name:** |  | | |
| **Is this your real name?** | * Yes * No | **Gender:** | * Male * Female * Intersex * Indeterminate |
| **Date of Birth:** |  | **Current or former ADF Member** | * Yes * No |
| **Email:** |  | **Mobile:** |  |
| **Current Address:** |  | **Town/Suburb:** |  |
| **Postcode:** |  |
| **I am:** | * Aboriginal * Torres Strait Islander * Other | * Aboriginal and Torres Strait Islander * ASSI * CALD | |
| **Country of Birth:** |  | **Language spoken at home:** |  |
| **Migration VISA**  Year & month arrived |  | **Employment status** | * Parenting * Caring * Study F/time P/time * Unemployed * Not working & not looking for work * Paid work F/time P/time |
| **Interpreter needed?** | * Yes * No | **Household type** | * Rental * Mortgage * Dept of housing * Caravan * Living in Retirement Village * Living with friends * Homeless |
| **Living**  **Arrangements** | * Single with Children * Single without Children * Couple * Couple with Children | **Do you identify as having one or more of the following impairments** | * Learning * mental health * physical * Speech * Not stated * None |

**Referred to whom?**

Organisation: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partners /Support person**

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact Details:** |  |

**Children/Dependent Details**

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **DOB** | **Gender** |
|  |  |  |
|  |  |  |
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|  |  |  |

**Income Details**

|  |  |  |
| --- | --- | --- |
| Income type | Income Type | Amount |
| Centrelink pension |  |  |
| Disability pension |  |  |
| Family payments |  |  |
| Rent assistance |  |  |
| Maintenance/CSA |  |  |
| Wage |  |  |
| Self-employed |  |  |
| Total |  |  |

**Present Financial matter:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_