

**FINANCIAL COUNSELLING**  
**Referral Form**  
 (return via email – [natashas@tnhub.org.au](mailto:natashas@tnhub.org.au) )

Date		DOB
Name		
Phone Number		Gender:
Address		
Email		
Indigenous <input type="checkbox"/> Yes <input type="checkbox"/> No	Language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Other _____	Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross approx. Income \$ _____	Income type- <input type="checkbox"/> Employment salary / wages <input type="checkbox"/> Self employed <input type="checkbox"/> Government payment <input type="checkbox"/> Other	Household Type- <input type="checkbox"/> Owner with mortgage <input type="checkbox"/> Owner w/o mortgage <input type="checkbox"/> Renter - public <input type="checkbox"/> Renter – private <input type="checkbox"/> Other
Reason for referral- <input type="checkbox"/> Debt collection <input type="checkbox"/> Utilities <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Superannuation <input type="checkbox"/> Legal	Referral notes-	
Documents to be emailed along with referral - <ul style="list-style-type: none"> <li>• Proof of income- Centrelink income statement, payslip</li> <li>• Proof of debt- bill, debt collection notice etc.</li> <li>• Signed authority for release of information</li> </ul>		
Referral Agency- Case worker- Contact Details-		

\*Note- Financial counselling can be delivered via telephone, Zoom or Facetime.