

**PART A**  
**CLIENT DETAILS**

Client Surname:..... First Name:.....

Address: .....

Town:..... Postcode:..... Phone:.....

Contact person:.....Phone No. of Contact Person:.....

DoB: .....Country:..... Client is:

Main language:..... Is the client:

Is the client a pensioner? If yes, what type:

Is the client in receipt of any Govt. Care Package: If yes, what type?.....

Holder of Package .....

How did the client hear about this service? .....

Does the client live in:

Does the client live:

Are there any known home risks (eg. Dogs etc):.....

Has the client: Spec Needs: or Religious/cultural needs: *if yes please provide details*

**CARER DETAILS**

Does the client have a carer: *if yes please complete carer's details below*

Surname:..... First Name:.....

Address: .....

Town:..... Postcode:..... Phone:.....

DoB: .....Country:..... Is the carer:

Main language:..... Is the carer:

Relationship of Carer to client:

Does the Carer live with the client?

Does the Carer care for more than one person:

I have been informed about DEX collection and understand that the Commonwealth Government will use my information for statistical purposes only. I understand I will not be identified by my name and address and hereby give my consent for this service to enter my data into the service's quarterly collection and

I also agree to the work as prescribed/requested overleaf being carried out

Signature:.....

**PART B**  
**JOB DESCRIPTION**

Priority (if known/if an issue): **A = High B = Medium C = Low**

Reason for priority:

Extra pages attached

Quote needed

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**Drawing/Diagram**

Referred by..... Phone..... Email.....

Byron Ballina Home Modification and Maintenance Service Inc  
 Phone: 6685 7312 Fax: 6680 7988 Email: bbhmms@gmail.com  
 Assessment and Referral

**PART C BBHMMS use only**

Referral Received.....

Job No. ....

Henrycare Work Order.....

Does residence meet W.H.and S. requirements to allow this work to be undertaken Yes [ ] No [ ]

Signed : ..... Job done by .....

Date Completed.....

Contract needed Yes [ ] No [ ]

**(A) Materials & Cost**

TOTAL			\$

**(B) Labour Cost**

Date	On Job Hrs	Travel Hrs	Admin/Assessment Hrs	
TOTAL				\$

**(C) Contractor Costs**

TOTAL	\$

**(D) Value of Work (A+B+C)**

TOTAL \$

**(E) Less Service Subsidy**

Admin		
Travel		
Labour		
Contract		
Materials		
TOTAL	\$	

**(F) Cost to Client (D minus E)**

\$

Comments .....

Invoice No. ....

Database noted .....