## ICH Logo.JPGInala Community House

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| Community Settlement Service38 Sittella Street, InalaQld 4077Phone: 07 32788436/33721711Fax: 07 32787238Email: sgp@ich.org.au |
| **Date of referral**  | **Proposed Date of Hand over:**  |
| Referral Form |
| Clients name:  | ***Marital status***  | ***Dependents*** |
|  |  |
| Date of Birth   |  | **Sex:** |
|  | **M** |  |  **F** |  |
|  | Phone: |
|  |
| Country of Birth |  |   |  | Country of Refuge |  |
| Time in Refugee Camp |  |
| Occupation: | **Student** |  |  | Arrival in Australia |  |
| **Is this client exiting HSS? No** **What main settlement activities have the client been participating in**

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| **Main settlement barriers and extent to which these barriers are addressed**

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| Additional Information |
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| **Does client require interpreter:**  | Yes |  | **If yes, what Languages:** |  |  |
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| **Referring Agency: Access Community Services Ltd** |
| **Name of Referring officer** |  | Contact: |
| Email address: |