

Referral / Intake Form

Personal Helpers & Mentors (PHaMs) Program



An Australian Government Initiative

Date:.....

The Personal Helpers & Mentors (PHaMs) Program aims to assist people aged 16 to 65 years, whose ability to manage every day activities is severely limited due to mental health issues. This program is voluntary. UCWCSA accepts referrals for people living in the Port Pirie region from postcodes 5540, 5555, 5522 and 5495 as well as Barunga West, Copper Coast and Yorke Peninsula LGAs. Referrals outside of these regions can be negotiated. **PHaMs will transition all participants to NDIS so support will be provided until an NDIS Plan is received or if ineligible for NDIS, support will continue until another service becomes available and /or PHaMs service ends.**

Name:..... Date of Birth:..... Male/Female/Other
 Address:..... Postcode:.....
 Home Phone Contact:..... Mobile:.....
 Are you an indigenous Australian? YES NO Are you culturally and/or linguistically diverse? YES NO
 Children: YES NO Age of children:.....
 Emergency Contact Person:..... Mobile:.....

Do you identify as having a mental illness and is it your primary reason for needing assistance? YES NO
 Are you willing to work with a support worker in developing an Individual Recovery Plan? YES NO
 Do you agree to address any drug and/or alcohol issues during the course of the program? YES NO

Mental Health Condition(s):.....
 Other Health Condition(s):..... GP/Clinic:.....

Please provide details of your current situation and what functional limitations you have because of your mental illness. What would you like to achieve?

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(Please continue over page if needed)

Referrer Details:

Referred By:..... Agency/Program:.....
 Phone Contact:..... Email:.....

Please return this form to Ifeta Gee at UnitingCare Wesley Country SA Inc
 Fax: 08 8632 2600 Office Ph. 86339000 Direct Ph. 86339005 Email: ifeta.gee@ucwcsa.org.au
 UnitingCare Wesley Country SA, First Floor Flinders Arcade, Port Pirie SA 5540

