

PROJECTS REFERRAL FORM



CONTACT DETAILS

Name			
Address			
Phone		Email	
Adult / Senior <small>circle one</small>			
Number of Dependents			
Details of Project			
Hazards on site e.g. dog			
Type of Project <input type="checkbox"/> Backyard Clean Up <input type="checkbox"/> House Move <input type="checkbox"/> Rubbish Removal <input type="checkbox"/> Other			

Y N

- Is it okay for you/your children to appear in photos for Good Neighbour promotional purposes
- When necessary, is it okay for us to share your contact details with a Good Neighbour volunteer to help with co-ordination, planning and follow up.
- On assessment of job, a payment may be required. If so, I agree to pay this prior to or on the day project is done.

Thanks for allowing us to partner with you and your family.

Signed: Date:

REFERRED TO US BY

Name			
Agency			
Phone		Email	
Cost of Projects to be met by <input type="checkbox"/> Client <input type="checkbox"/> Landlord <input type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/> Good Neighbour			

OFFICE USE

Date Received		Contact Date	
Assessment Organised			
Assessor			