# Saver Plus Referral Form

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| **Details of the REFEREE** |
| Staff Member Name, Position/Role Title, Contact Details |  |
| Organisation |  |
| Are you filling out this form on behalf of someone?  | [ ]  Yes [ ]  No |
| Does the person give consent for you to complete this form? | [ ]  Yes [ ]  No If no, please seek permission |
| Does this person require any support e.g. a translator? | [ ]  Yes [ ]  No Comment: |
| **Contact details of your REFERRAL to Saver Plus** |
| Name (of REFERRAL)  |  |
| Suburb/Town of residence  |  | Phone |  |
| Email  |  |
| Preliminary eligibility check |  |
| 🞎 [ ]  Over 18 |  |
| [ ]  Child at school ***OR***in vocational training themselves  |
| [ ]  Income from work (them or their partner) ***OR*** receiving formal child support payments |
| [ ]  First time joining Saver Plus |
| [ ]  Health Care Card ***OR*** Pensioner Concession Card  |
| [ ]  Must be receiving one of these Commonwealth social security benefit, allowance or payment

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|  | ABSTUDY Living Allowance |  | Dad and Partner Pay |  | Parental Leave Pay |
|  | Age Pension |  | Disability Support Pension |  | Parenting Payment |
|  | Assistance for Isolated Children |  | Family Tax Benefit (Part A) |  | Partner Allowance |
|  | Austudy |  | Family Tax Benefit (Part B) |  | Sickness Allowance |
|  | Bereavement Allowance |  | Farm Household Allowance |  | Special Benefit |
|  | Carer: Allowance, Payment or Supplement |  | JobSeeker Payment (Newstart) |  | Stillborn Baby Payment |
|  | Child Disability Assistance Payment |  | Mobility Allowance |  | Widow: Allowance or Pension |
|  | Child Care Subsidy |  | Newborn Upfront Payment and Newborn Supplement |  | Youth Allowance (as a student or as a jobseeker) |

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| Next steps |
| ***Please complete this form and email this form to your local Saver Plus Coordinator:*** Claire RoweThe Smith Family E: Claire.Rowe@thesmithfamily.com.auPH: 0438 648 670 |