# Saver Plus Referral Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 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) | | | | | | |
|  | | | | | |
| Next steps | | | | | |
| ***Please complete this form and email this form to your local Saver Plus Coordinator:*** Claire Rowe The Smith Family  E: [Claire.Rowe@thesmithfamily.com.au](mailto:Claire.Rowe@thesmithfamily.com.au)  PH: 0438 648 670 | | | | | |