

Request STAR Services

Name of person in need of service Date

Address

Date of birth Cultural background

Phone Email

How did you hear about STAR Inc

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Are you registered with Disability SA? Yes No DSA Worker/RegionDo you have individualised funding? Yes No

Reason for requesting STAR services? (present situation)

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If submitting this form on behalf of a participant

Name of referrer/agency

Address

Phone Email

Is the participant aware of this referral? Yes No

Submit this form to Star Inc via:

email: admin@starinc.com.au**fax:** (08) 8269 4546or alternatively call our friendly staff on **(08) 8269 2199**