

## Request a STAR Volunteer

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/Region.....Do you have individualized 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:

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