

# EAS Referral Form FY27

## Form Preview

### Referral from:

\* indicates a required field

### Useful information to help you complete this form:

- Family requiring accommodation assistance must reside a min of 30kms from GCUH.
- The patient receiving care must be an emergency admission or transfer. Assistance requests for Follow up elective surgery or treatment will not be considered unless the patient is re admitted into a critical care unit.
- Case for support notes must be complete to assess the referral
- Accommodation assistance is not covered once the patient moves to the ward
- Requests for extensions must be made weekly via email to the Foundation
- Decisions to supply accommodation is subject to availability and at the sole discretion of the Gold Coast Hospital Foundation
- Standard accommodation provided is a single room with 1 Double bed - multiple room accommodation requests will require a higher family contribution (negotiable with GCHF)
- Accommodation is provided and reviewed on a week by week basis with a maximum of 4 weeks accommodation provided.
- All incidentals booked to the Accommodation are the responsibility of the person/s staying in the room
- Pre-approval for PTSS and IPTASS must be applied for before filling out this form.

### To be completed by an authorised Nurse, Doctor or Social Worker .

#### Referring Social Worker \*

First Name

Last Name

#### Referring Medical Specialist \*

First Name

Last Name

#### Position \*

#### Position \*

#### Best Contact Number \*

Must be an Australian phone number.

#### Best Contact Number \*

Must be an Australian phone number.

#### Mobile Number

Must be an Australian phone number.

#### Email \*

Must be an email address.

#### Email \*

Must be an email address.

#### Referring Unit

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### Patient/Family Details

\* indicates a required field

#### Patient Details

**Referral has been discussed and consent has been give to pass on the following details: (referral cannot be made without consent) \***

- Yes
- No

**Patient Name \***

**Patient Age \***

**Type of injury/illness. Please provide a brief clinical description \***

**Home hospital name \***

**GCU Hospital Admission date \***

Must be a date.

**Estimated length of hospital stay \***

Please note that the GCH Foundation will review the Accommodation Assistance needs weekly.

#### Family details

**Family member requesting assistance \***

First Name

Last Name

**Mobile phone \***

Must be an Australian phone number.

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**Email Address: \***

Email address of family member

**Address \***

Address

  

Suburb State Postcode

  

Must be an Australian postcode.

**Name of Home Hospital (hospital referred from) \***

**Number of family members requiring accommodation: \***

Must be a number.

**Required date for check in \***

Must be a date.

**Estimated number of nights required \***

Must be a number.

**Details of Family to be accommodated. I.e: Brother / Parents and ages of all (for purpose of suitable accommodation): \***

Provide a short description (100 words recommended) of your project - what are you out to do? Include whether they have their own transport or will be relying on Public transport

## Social Status

*\* indicates a required field*

Social status

**Current Financial Situation \***

Word count:

Must be no more than 150 words.

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### Eligible for: \*

- PTTS
- IPTAAS
- GCHF Funded

### Has pre-approval been obtained for IPTAAS/PTSS funding ? \*

- Yes
- No

Pre-approval for either IPTAAS or PTSS needs to be obtained before accommodation will be provided

### IPTAAS (NSW)

Email **Form 1-3** to IPTAAS to home hospital hub - [Contact and feedback | IPTAAS](#) - they will email back with approval. Please attach approval below. If the patient has not been approved please contact [eas@gchfoundation.org.au](mailto:eas@gchfoundation.org.au)

To allow the Foundation to claim back a small amount we ask that on Form 1 Part G Is for GCHF payment details - 21. What part of the subsidy is to be paid to the third party organisation? Tick Accommodation

Email **Form 2** to [eas@gchfoundation.org.au](mailto:eas@gchfoundation.org.au)

### PTSS (QLD)

Email **Form A** to PTSS patient home hospital. Visit [Patient Travel Subsidy Scheme contact details | Health | Queensland Government](#) to obtain correct email address. They will email back Approval. Please attach this below.

If the patient has not been approved please contact [eas@gchfoundation.org.au](mailto:eas@gchfoundation.org.au)

**Form B** needs to be filled out and emailed to [eas@gchfoundation.org.au](mailto:eas@gchfoundation.org.au)

### Upload proof of IPTAAS/PTSS pre-approval

Attach a file:

### Provide copies of IPTAAS or PTSS forms:

Attach a file:

### Family contribution \*

- \$50 per night (1-3 persons)
- \$100 per night (3-6 persons)
- Other:

### If answered No, please state the reason \*

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**How much is the family willing to contribute? (minimum \$50 per night) \***

\$50 per night

Other:

No

**If answered No, please state the reason \***

**Does the patient hold a pension / concession card \***

Yes

No

## Assistance Requested

\* indicates a required field

Case for Support Notes: (Provide additional information to support this application)

**Case for Support Notes: (Provide additional information to support this application) \***

Word count: