



# WISHLIST ACCOMMODATION REFERRAL FORM

Wishlist Accommodation (main contact): 1300 009 474  
[stay@wishlist.org.au](mailto:stay@wishlist.org.au)

**On-site Accommodation Co-Ordinator available after hours**

Before completing this form, please contact us by phone to confirm we have a vacancy.  
If a room is available, please complete form and return via email.

DETAILS			
<b>Patients Name</b>			
<b>Patients Referring Hospital</b>			
PRIMARY GUEST DETAILS			
<b>Surname</b>		<b>Given Name</b>	
<b>Guest Email</b>		<b>Mobile</b>	
<b>Guest Address</b>			
Additional Guest Names			
1.		Adult <input type="checkbox"/>	Child <input type="checkbox"/> (age) ___
2.		Adult <input type="checkbox"/>	Child <input type="checkbox"/> (age) ___
3.		Adult <input type="checkbox"/>	Child <input type="checkbox"/> (age) ___
ACCOMMODATION DATES			
<b>Arrival date</b>		<b>Departure date</b>	
PAYMENT			
Financial Hardship    Yes <input type="checkbox"/> No <input type="checkbox"/>	Invoice SCHH    Yes <input type="checkbox"/> No <input type="checkbox"/> Cost Centre Number _____ (ONLY for use by ward NUMs)		
Are SCHHS staff assisting Guest with PTSS paperwork?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Full Concession (FOC)?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Payment Type (if known)			
PTSS (single) <input type="checkbox"/>	PTSS (double) <input type="checkbox"/>	( Escort Name _____ )	
Self Funded <input type="checkbox"/>	FOC <input type="checkbox"/>		
Please note ONLY SCHHS Social Workers can submit FOC (Free of Charge) paperwork and is subject to funds availability. These FOC funds are generously provided by Wishlist Supporters to assist guests in hardship circumstances and who have no access to Patient Travel Subsidy Scheme (PTSS)			

<b>Do you have any safety concerns for this client?</b> <b>STAIRS, Mobility Issues</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
<b>Is the client suitable to accommodate under shared living arrangement?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown

**Special Requirements or comments**

**Please Note: Wishlist guests must abide by the following rules:**

1. If Guest is Self-Funded payment must be made at time of check in.
2. If Guest is eligible for PTSS, SCHHS: Staff to ensure the Guest completes PTSS application form & submits
3. Guests are liable to pay for any damage to property or household items caused by them during their stay at the accommodation.
4. **SMOKING OR ALCOHOL IS NOT PERMITTED IN ANY WISHLIST ACCOMMODATION FACILITIES**
5. Guest/s **MUST be able to self-care/or have a carer accompanying them** and must always comply with the rules of Wishlist Accommodation facilities.
6. Children staying must be always accompanied by a responsible adult in all areas of our facilities
7. **Wishlist Accommodation has a maximum stay of 4 weeks stay per guest**, if guest is a patient and requires longer than 4 weeks, we must receive written confirmation from medical staff that a longer term of stay is required. All family/carers visiting a loved one in hospital will be entitled to a maximum stay of 2 weeks stay at Wishlist Centre. If further time is required & Wishlist Centre is at full capacity, they may be required to be relocated to another Wishlist Accommodation Facility. Please note an exception will be made for family/carer who have family member in ICU, PICU, Neo Natal & Emergency
8. Wishlist is strictly accommodation for patients & their family and carers & therefore do not have any Health or Medical staff on site to assist with care of guest's health needs.
9. All guests must be receiving outpatient treatment or be an escort/family member or friend of a patient undergoing treatment. As either an inpatient or outpatient
10. Please note that Wishlist Accommodation is not an emergency shelter or a short-stay remedy for homelessness.

**Details of SCHHS staff making Guest Reservation**

<b>Name</b>		<b>Signature</b>	
<b>Position &amp; Unit or Ward</b>		<b>Date</b>	
<b>Email Address</b>		<b>Contact Number</b>	