



Biala Support Services Inc NORTH COAST FUN CLUB

Dear Clients and Carers

North Coast Fun Club receives funding from the Department of Ageing Disability and Home Care (DADHC).

We are required to enter details of consumers into a data base to account for how the funding is being utilised.

Please fill in the following form and return it to:-

**The Recreation Co-ordinator
North Coast Fun Club
PO Box 1279
BALLINA NSW 2478**

Thank you!

Please print

Client's full name _____ Date of birth _____

Address _____ Telephone number _____

_____ Mobile phone _____

If you currently receive help from other services, who do you receive it from?

1. _____ 2. _____

I, the above mentioned person, hereby give permission for details about my involvement with North Coast Fun Club to be recorded on a database for the Department of Ageing Disability and Home Care.

Client's Signature _____ Authorised person's signature _____

Authorised person's relationship to the client _____ Date ___/___/___