



## Accompanied transport referral form

1.	Date and time referral completed					
2.	Name of person completing referral					
3.	Confirm that prior to booking, Client of have been informed on process and So of Fees and that service duration for the services is an estimate only	chedule	Yes Name of person in	No nformed:		
4.	Contact person on the day of service					
5.	Contact number on the day of service					
6.	Resident name		D.O.B.		Debtor Code	
7.	Facility Name (if RAC Client)					
7.	Date of service	Time of client	t pick up		Expected Duration	
8.	Client pick up location					
9.	Appointment details (any documents etc to be taken) Any X-rays / correspondence	Time: Address: Other Details:				
10.	Relevant medical information to ensur client and staff are safe during the ser diabetes, mobility		N/A			
11.	Any other identified risks / information instructions	n /				
12.	Equipment to be transported e.g. wheelchair, walker, O2, webster					
13.	Employee vehicle required		Yes	No		
14.	Preferred vehicle type (preference)		Sedan	SUV		
15.	Registered Nurse required for transpo *RN rate as per fee schedule	ort?	Yes	No		
16.	Is other transport already arranged	Details:	Yes	No		
17.	Other transport instructions details					
18.	Does client have taxi vouchers		Yes	No		
18.	Have they used Whiddon Accompanied transport before	f yes, please add CS ID if known	Yes	No		





## Fees for Services - Accompanied Transport and Social Support for Residential & ILU Clients

Effective From 01/10/2023

		Rate per Hour/Service				
Service Type	Service Specification	Weekdays (6am to 4pm)	After Hours (4pm to 6am)	Saturday	Sunday	Public Holiday
Accompanied	Including shopping, social outings, appointments and transport - hourly rate (minimum 1 hour)	\$73.00	\$86.00	\$110.00	\$128.00	\$157.00
Transport	Including shopping, social outings, appointments and transport - 30min rate (minimum 0.5 hour)	\$46.00	\$53.00	\$57.00	\$78.00	\$105.00
Accompanied Transport - with Registered Nurse	Including transport and appointments supported by an RN - hourly rate (minimum 1 hour)	\$114.00	\$130.00	\$173.00	\$197.00	\$253.00
Travel Use of Vehicle	Rate per kilometre	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
* Client is responsible for travel costs listed above when travelling in staff vehicle.  * Client is responsible for any parking fees/charges if required.  * Client is responsible for the cost of a taxi, if they prefer to be transported via a taxi.						

## Confirming receipt and understanding of the Schedule of Fee's for services

If unable to provide the service, phone notification attended

Name of person called

Customer/POA Name:					
Customer/POA signature:					
Date:					
Sections below to be completed by Scheduling Team					
Scheduling to confirm other transport booked	Yes	No			
Employee attending service					

## PLEASE NOTE – ALL BOOKINGS ARE SUBJECT TO FINAL ACCEPTANCE CONFIRMATION.

Time called