**Home Stretch – Support Summary**

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|  **CONTACT DETAILS** | **SUPPORT CIRCLE** | **IMPORTANT INFO** |
| NAMEDATE OF BIRTHADDRESSMOBILEEMAIL | CARER DETAILSCPFS / CASE MANAGER | CENTRELINK (CRN)MEDICARE LICENCE NUMBERLICENCE EXPIRY NO.TAX FILE NUMBERUSI |
| **MONEY** | **LIFE SKILLS** | **CONNECTIONS** |
|  |  |  |
| **RIGHTS AND RESPONSIBILITIES** | **EDUCATION, TRAINING & EMPLOYMENT** | **A PLACE TO LIVE** |
|  |  |  |
| **HEALTH** | **ABOUT YOU, YOUR MOB, YOUR FAMILY** | **OTHER** |
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