**Home Stretch – Support Summary**

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| **CONTACT DETAILS** | **SUPPORT CIRCLE** | **IMPORTANT INFO** |
| NAME  DATE OF BIRTH  ADDRESS  MOBILE  EMAIL | CARER DETAILS  CPFS / CASE MANAGER | CENTRELINK (CRN)  MEDICARE  LICENCE NUMBER  LICENCE EXPIRY NO.  TAX FILE NUMBER  USI |
| **MONEY** | **LIFE SKILLS** | **CONNECTIONS** |
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| **RIGHTS AND RESPONSIBILITIES** | **EDUCATION, TRAINING & EMPLOYMENT** | **A PLACE TO LIVE** |
|  |  |  |
| **HEALTH** | **ABOUT YOU, YOUR MOB, YOUR FAMILY** | **OTHER** |
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