
Client Referral Form

NOTE: Referrals can only be accepted from agencies who have registered with Reid's Guest House

If you have not yet registered please complete the Agency Registration Form on our website

Client Name: _____ D.O.B. _____

Referral on: ____/____/____ for ____ nights

Client CRN: _____

Client mobile: _____

Clients last known address: _____

Authorised by:

Agency: _____

Referred by: _____

Authorised amount: \$ _____

Signed: _____ Date: ____/____/____

Please email completed form to reids@ucare.org.au

CLIENTS MUST ARRIVE AT REID'S FOR CHECK IN BETWEEN 1:00 PM AND 3:45PM

CLIENTS WILL NOT BE ABLE TO ACCESS THE BUILDING AFTER 3:45PM

A \$50 "NO SHOW" FEE WILL BE CHARGED IF THE CLIENT FAILS TO ARRIVE BY 3:45PM