

**Appendix 20.1: Correspondence  
Ineligible for service letter—to family**

Enquiries to:  
Telephone:  
Facsimile:  
Our Ref:

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Dear -----

**Re: -----**

Thank you for your enquiry about referring ----- to our service. Unfortunately, you will have already been advised [by our Central Intake Unit] that ----- is ineligible to attend this particular service. To assist you in finding another more appropriate service, I have enclosed the following information:

Details on <i>Chronic Disease Individual Allied Health Services</i> through Medicare	
Details on <i>Better Access to Allied Mental Health Services</i> through Medicare	
Details on the <i>Helping Children with Autism</i> package	
Details on <i>Better Start for Children with a Disability—Early Intervention</i>	
Details on <i>Aboriginal and Torres Strait Islander Allied Health Services</i>	
Private Service providers	
Hearing Tests	
Vision Tests	
Other (Please specify)	

Please do not hesitate to contact me on P: ----- if you would like to discuss this further.

Yours sincerely

**Team Leader**

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**Office**  
Queensland Health  
Child Development Service

**Postal**

**Phone**

**Fax**