## Referral form

***PLEASE PROVIDE A SCREENSHOT OF THE RELEVANT PORTION OF THE NDIS PLAN, THE PLAN DATES TO VERIFY FUNDING & PARTICIPANTS NDIS GOALS***

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support coordinators name:\_\_\_\_\_\_\_\_\_\_\_\_\_

Support coordinators Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information**

**NDIS Participant**

Participant Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name/nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Pronoun:

**Participant Date of Birth:** \_\_\_\_\_\_\_ Participant age in years and months**: \_\_\_\_\_\_**

**Participant’s NDIS number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current NDIS Plan Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender of participant: [ ]  Male   [ ] Female [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_

Participants Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indigenous Status: \_\_\_\_\_\_\_\_\_

Tribunal Appointed (yes or no): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Helper/Carer/Representative**

Name:

Role or position of carer/helper or representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If organisation, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Agreement/Consent Form:**

Please provide details of the nominee to send out the service agreement and consent form to for signing.

Name/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant have any previous reports or behaviour support plans for other professionals? [ ] Yes  [ ]   No

|  |  |
| --- | --- |
| **Diagnosis (if applicable)** |  |
| **Behaviours of Concern** (e.g. aggression, attention, anxiety, self-harming, disruption, hyperactivity, Pica – eating non-edible items, self-injury, sleeping, toileting, eating, withdrawn, escape/avoidance, etc.) |  |
| **Supports needed** | [ ] Nonverbal [ ] Verbal [ ] Uses mobility supports[ ] Hearing impaired [ ] Vision impaired [ ] Cognitive impairment [ ] Utilises sign language [ ] Utilises assistance animal,  |
| **Greets people by** | [ ] Verbal greeting[ ] High five, [ ] Handshake[ ] Wave to say hello? |
| **Any known risks to workers working with the participant or on the participants premises** | For example: Pets, Access issues, Decreased mobile reception, throwing of objects, physical contact.  |

**Schedule of Supports**

**Please ensure this section is completed – identify the amount of funding you would like to allocate to our services. Please contact director if you are unsure.**

**Improved Relationships Funding (If applicable):**

|  |  |
| --- | --- |
| Category and Line Item:  | 11\_023\_0110\_7\_3 Behaviour Management Plan Including Training In Behaviour Management Strategies  |
| Hourly Rate  | $193.99 (will be indexed on July 1 2024) |
| Allocated Hours/units |  |
| Total Amount Allocated  |  |
| Category and Line Item:  | 11\_022\_0110\_7\_3 Specialist Behavioural Intervention Support |
| Hourly Rate  | $214.41 (will be indexed on July 1 2024) |
| Allocated Hours/units |  |
| Total Amount Allocated  |  |
| Funds managed by | NDIA managed [ ]  Plan Managed [ ]  Self-managed [ ]  |
| If plan managed, Plan manager email: |  |

**Or please see next page if utilising Daily Activity Funding**

**Daily Activity (if applicable):**

|  |  |
| --- | --- |
| Category and Line Item:  | Assessment Recommendation Therapy And/or Training (Incl. AT) – Other Therapy |
| Hourly Rate  | 193.99 (will be indexed on July 1 2024) |
| Allocated Hours  |  |
| Total Amount Allocated  |  |
| Funds managed by | NDIA managed [ ]  Plan Managed [ ]  Self-managed [ ]  |
| If plan managed, Plan manager email: |  |