



Date:

**Person making referral:**

Contact Name:

Relationship to person/Position:

Organisation:

Email:

Phone:

**Person requiring support:**

Name:

Address:

Gender:

Date of Birth:

Aboriginal

Torres Strait Islander

Caucasian

African

Other:

Primary diagnosis:

Other diagnoses:

Do the participant **AND OR** Guardian give consent for you to contact services on their behalf?

Name of contact person:

Relationship to participant:

Please provide contact details:

Support Staff Preferences:

*eg male female, age*

Please provide details, where relevant, of the following:

<b>Service and Support</b>	<b>Name of Service or Support</b>	<b>Contact details (address, phone, email)</b>
Day and lifestyle		
School		
Supported Accommodation		
Family home		
Workplace		
Other		

What are the person's behaviours of concern?

What service/s are you requesting?

What outcomes are you hoping to achieve?

Who else is involved with the care of this person (e.g., Family, Carers, Service Coordinator, Psychologist, Occupational Therapist, Speech Pathologist, other services)?

<b>Name</b>	<b>Contact details</b>	<b>When was their last contact with this person?</b>

Emergency Contact details (name, address, and phone).

**AND**

Please list any existing reports that are available (e.g., Behaviour Support Plan, Assessment reports).

Type of report	Who prepared this report? Name and role of person	Date of report

Plan Funding: Agency Managed  Plan Managed  Self-Managed  (for Services requested)

Plan Manager's Name:  
(if applicable)

Email:

Is the person subject to a restrictive intervention, such as mechanical restraint, chemical restraint, seclusion or other?

Is the person being referred under an NDIS package? Yes No

If **Yes** we will need to prepare a service agreement and will need the following information:

1/ Which plan goal does this intake referral relate to?

2/ What is the NDIS plan number?

3/ What is the NDIS plan start and end dates?

4/ What is the budget amount and hours requested for PBS services?

5/ How will supports be paid?

Is The person being referred under a different scheme? e.g., Medicare, private health

If yes, which one? Yes No

Are there any risk alerts the team should be aware of? E.g., safety alerts, legal issues, police involvement, media

If yes, describe: Yes No

**END OF DOCUMENT**

Document history table

Version	Reason for update	Date approved
2	Adding Plan Funding Tick Box	Sept 2018