



Participant Referral Form

| Participant Details | |
|--|----------|
| Given Name: | Surname: |
| NDIS Plan Number | |
| NDIS Plan Expiry Date | |
| Plan managed / NDIA Managed/ Self-Managed? | |

| Age Group | |
|-----------|--|
| 7-16 | |
| 17 -65 | |
| 65+ | |

| | |
|---|--|
| Pronouns | |
| Cultural Identity | |
| Language/Communication needs | |
| Are there any requirements for your support worker? E.g., specific gender, fluent in another language, religious background | |

| What services are you seeking? | Service | Check if Yes |
|--------------------------------|--|--------------------------|
| | Household Tasks | <input type="checkbox"/> |
| | Innovative Community Participation | <input type="checkbox"/> |
| | Assistance with Travel/Transport arrangements | <input type="checkbox"/> |
| | Development of Daily Living and Life Skills/ Capacity Building | <input type="checkbox"/> |
| | Daily Personal Activities (see prompts below) | <input type="checkbox"/> |
| | Group and Centre Based Activities | <input type="checkbox"/> |
| | Assistance with Daily Life Tasks in a Group or Shared Living Arrangement (SIL) | <input type="checkbox"/> |
| | Participation in Community, Social and Civic Activities | <input type="checkbox"/> |
| Nursing Care | Bowel care | <input type="checkbox"/> |
| | Catheter care | <input type="checkbox"/> |
| | Subcutaneous injection | <input type="checkbox"/> |



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| What services are you seeking? | Service | Check if Yes |
|--------------------------------|--|--------------------------|
| | Wound or pressure care | <input type="checkbox"/> |
| | PEG feeding | <input type="checkbox"/> |
| | Diabetes care | <input type="checkbox"/> |
| | Seizure care | <input type="checkbox"/> |
| | Mealtime management care (swallowing, diabetes, allergy/anaphylaxis, diabetes, CV Disease, obesity, eating disorder) | <input type="checkbox"/> |

Prompts

Capacity Building

- Meal planning and preparation
- Support with your health and wellbeing.
- Travel training including road safety and using public transport.
- Support to develop social networks and friendships.
- Assistance with budgeting and managing finances.
- Support with literacy and numeracy.
- Help with government departments and bills.

Personal Care and Assistance in Daily Living

- Personal Care
- Grocery shopping
- Meal planning and preparation
- Assistance with medical needs
- Healthy lifestyle support
- Travel training.

Living Arrangements:

What are the current living arrangements?
E.g., Mum and dad, living alone, hostel or boarding house?

Which location is this in?

Service Delivery:



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| | |
|---|--|
| What are the goals for care? | |
| What is the support ratio? E.g., 2:1, 1:1 | |
| Are any types of transport needed? E.g., Wheelchair accessibility | |
| Do you have a risk profile or transition plan? (if coming from another provider or from a hospital a participant is entitled to transition plan being developed by the previous provider). | |
| Is this an ongoing service or a single instance? | |
| What is your preferred start date? | |
| Do you require assistance with medication, is this prompting, assisting, or administering? | |
| If there are behaviours of concern, is there a behaviour support practitioner in place? And is there a behaviour support plan? | |
| Name of Behaviour Support Practitioner? | |
| Do you have a criminal history? | |
| What type, if any, of manual handling is needed? | |

SIL:

Are you already approved for SIL or SDA?

Date available to move in?

Funding:

How many support hours are needed?

Are there any funding limitations?



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Other:

Is there anything else you want us to know?