



ADULT DAY SERVICE OR SHORT TERM ACCOMMODATION Request for Service Form

SECTION 1: PARTICIPANT INFORMATION

Participant's full name:		Date of birth:	
Other names: (if applicable)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential address:		Telephone Contact numbers:	
Postal address: (if different)		H: W: M:	
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither		Country of birth:	
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Language spoken at home	
Has the Participant consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary disability: (please attach supporting documentation)			
Secondary disability(ies)			
Communication: (eg. verbal, sign etc)			
Communication Assessment <input type="checkbox"/> Completed and attached <input type="checkbox"/> Not available			
Mobility: (eg. Wheelchair, frame, unassisted)			
Mobility Aids Required: <input type="checkbox"/> Hoisting <input type="checkbox"/> Assistive Devices <input type="checkbox"/> Other			
Challenging behaviours (eg aggressive, absconding etc)			
Does the client have a current Positive Behaviour Support Plan (PBSP)? <input type="checkbox"/> Yes dated: _____ (please provide a copy) <input type="checkbox"/> No		If No, is a PBSP required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, has a PBSP review been requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Ratio of Support : <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> Other			
Community Access Requirements:			
NDIS Plan Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending (waiting NDIS response)		NDIS Plan number:	Plan Start date:
If not NDIS funded, what is the funding source?		<input type="checkbox"/> Medicare	<input type="checkbox"/> Government <input type="checkbox"/> Carers NT <input type="checkbox"/> Private <input type="checkbox"/> Other
NDIS COS Details	Name:	Organisation:	Contact details:

SECTION 2: SHORT TERM ACCOMMODATION (RESPIRE) REFERRAL

(what is required?)			
<i>If STA (respite) is not required, please go to Section 3</i>			
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Once only <input type="checkbox"/> Occasional
Overall Goal Summary:			
Additional details:			



SECTION 3: ADULT DAY PROGRAM REQUIREMENTS

(what is required?) <i>Please complete all relevant sections to ensure we have adequate information to enable us to identify if the service requested can be delivered.</i>	<input type="checkbox"/> Full placement : Monday – Friday: 9am – 3pm <input type="checkbox"/> Partial placement (please specify):		
	Activity 1 (what service is required?)	Start Time:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>
		End Time:	
	Activity Goal Summary: i) ii)		
	Activity 2: (what service is required?)	Start Time:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>
	End Time:		
Activity Goal Summary: i) ii)			

Copies of the following documents have been provided	<input type="checkbox"/> PBSP <input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Copy of NDIS Plan (optional, assists in planning) <input type="checkbox"/> Communication Assessment	<input type="checkbox"/> Other (provide details)
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SECTION 4: CONTACT DETAILS

Participant/Parent/Guardian			
Surname:		Given name:	
Address:		Contact numbers:	H: W: M:
Signature:		Date:	

Referrer Details (if different to above)		Organisation:	
Name:			
Relationship to client:	<input type="checkbox"/> Guardian <input type="checkbox"/> Coordinator of Supports <input type="checkbox"/> Other (provide details)	Postal address:	
Contact email:		Phone:	
Signature:		Date:	

Please send the completed referral form to the following email address: intake@carpentaria.org.au. For additional enquiries regarding this referral, please phone the NDIS Implementation Manager on 8920 9425