

SUPPORTED INDEPENDENT LIVING 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	
Postal address: (if different)		Contact numbers:	
<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			
NDIS Plan Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending (waiting NDIS approval)		NDIS Plan number:	
NDIS COS Details (where applicable) Name:		Plan Start date:	
Organisation:		Contact details:	
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	
Occupational Therapy 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)?		If No, is a PBSP required?	If Yes, has a PBSP review been requested
<input type="checkbox"/> Yes dated: _____ (please provide a copy) <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: RATIO OF CARE

Ratio of Supports	Day: <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> Other		
	Night: <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> Other		<input type="checkbox"/> Passive <input type="checkbox"/> Active
	Community Access: <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> Other		

SECTION 3: CURRENT COMMUNITY ACCESS/DAY SERVICE (what CA or Day Program activities are currently undertaken)

<input type="checkbox"/> Monday(hrs/time) Activity:	<input type="checkbox"/> Tuesday(hrs/time) Activity:	<input type="checkbox"/> Wednesday.....(hrs/time) Activity:
<input type="checkbox"/> Thursday.....(hrs/time) Activity:	<input type="checkbox"/> Friday(hrs/time) Activity:	<input type="checkbox"/> Saturday(hrs/time) Activity:
<input type="checkbox"/> Sun (indicate hours/times) Activity:.....		

Comment:

SECTION 4: SUPPORTING DOCUMENTATION

Copies of the following documents have been provided:	<input type="checkbox"/> PBSP	<input type="checkbox"/> Copy of NDIS Plan	<input type="checkbox"/> OT Assessment
	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Communication Assessment	<input type="checkbox"/> Other (provide details)
	<input type="checkbox"/> Person Centred Plan	

SECTION 5: NDIS PLAN – CURRENT GOALS	
Goal 1:	
What are the barriers and how will they be overcome?	
Goal 2:	
What are the barriers and how will they be overcome?	
Goal 3:	
What are the barriers and how will they be overcome?	
Goal 4:	
What are the barriers and how will they be overcome?	
Goal 5:	
What are the barriers and how will they be overcome?	

SECTION 6: RENT/BOARDING OPTIONS (please select required option)			
<input type="checkbox"/> Rent (includes 25% of your DSP, plus 100% of your remote, energy and rental assistance income)	\$	<input type="checkbox"/> Boarding (includes rent costs (previous box) + an additional 50% of your DSP for food and utilities ie total of 75% DSP + 100% of your remote, energy & rental assistance income.	\$
<input checked="" type="checkbox"/> Purchase own consumables	\$ at own cost	<input type="checkbox"/> Gardening/Maintenance	\$
<input type="checkbox"/> Transport (any transport not covered by other funding or unplanned)		<input type="checkbox"/> Other	\$
Total \$ (%) payable for rent/boarding/food/utilities:			\$

SECTION 7: CONTACT DETAILS				
Participant/Parent/Guardian	Surname:		Given name:	
Address:				
Phone:	Home:	Work:	Mobile:	
Signature:			Date:	
Referrer Name (if different to above)			Organisation:	
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