

## PARTICIPANT INCOMING REFERRAL FORM

<b>Referral Date:</b>	
<b>Referral Managed by:</b>	

### PARTICIPANT DETAILS

<b>First Name:</b>		
<b>Last Name:</b>		
<b>Date of birth:</b>		
<b>Country of birth:</b>		
<b>Aboriginal or Torres Strait Islander?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Land line:</b>		
<b>Mobile number:</b>		
<b>Email:</b>		
<b>Residential address:</b>		
<b>Key contact for appointments:</b>		
<b>Emergency contact:</b>		

**General referral notes:**

### NDIS PLAN DETAILS

<b>Does the participant have a NDIS plan?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>NDIS Number:</b>		
<b>NDIS Plan dates:</b>		

**How is the NDIS plan funding managed**

<input type="checkbox"/>	<p><b>Self-manage:</b>          The participant has chosen to self-manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, SWCS will send the participant an invoice for those supports for the participant to pay. The participant will pay the invoice by [direct debit / cash / cheque / EFT] within 7 days.</p>
<input type="checkbox"/>	<p><b>Participant Nominee:</b>          The participant's Nominee manages the funding for supports provided under this Service Agreement. After providing those supports, SWCS will send the participant's Nominee an invoice for those supports for the participant's Nominee to pay. The participant's Nominee will pay the invoice by [direct debit / cash / cheque / EFT] within 7 days.</p>

<input type="checkbox"/>	<p><b>NDIA-Managed</b> The participant has nominated the NDIA to manage the funding for supports provided under this Service Agreement. After providing those supports, SWCS will claim payment for those supports from the NDIA.</p>
<input type="checkbox"/>	<p><b>Plan-Management Provider:</b> The participant has nominated the Plan Management Provider to manage the funding for NDIS supports provided under this Service Agreement. After providing those supports, SWCS will claim payment for those supports from the participants nominated Plan Management Provider.</p>

**Contact details of Plan Manager Provider or individual responsible for payments if self-managed**

Name: \_\_\_\_\_

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

Contact number: \_\_\_\_\_

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

**NDIS plan overview (if available):**

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**NDIS funding details (if available):**

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**GUARDIAN/PLAN NOMINEE DETAILS (IF APPLICABLE)**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Land line:</b>	
<b>Mobile number:</b>	
<b>Email:</b>	
<b>Residential address:</b>	
<b>Relationship to participant:</b>	

**REFERRER DETAILS**

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Role (if applicable)</b>	
<b>Land line:</b>	
<b>Mobile number:</b>	
<b>Email:</b>	
<b>Organisation (If applicable):</b>	
<b>Referral reason:</b>	

## PARTICIPANT SUMMARY

**Disability Summary (Detail below):**

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**Medical Condition/Diagnosis (Detail below):**

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**Does the participant require assistance in the following areas?**

<b>Vision</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Hearing</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Speech</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Is the participant non-verbal?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Mobility/Transfers/Mobility Aids</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Cognition</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If answered "YES" on any of the above, please provide detail.

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<b>Does the participant require an interpreter?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If answered "YES", detail below:

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<b>Does the participant have any behaviour of concern?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If answered "YES", detail below:

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<b>Does the participant have a behaviour support plan?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If answered "YES", detail below:

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<b>Safety concerns in the participant's dwelling?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If answered "YES", detail below:

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**Worker preference (for example, Gender, Culture, Skill Level, etc):**

**Supports required**

<b>Accommodation/Tenancy – 0101</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Assist with Personal Activities – 0107</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Assist with Travel/transport – 0108</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Daily Tasks/Shared Living – 0115</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Innovative Community Participation – 0116</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Development of Life-Skills – 0117</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Household Tasks – 0120</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Participate Community – 0125</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Group/Centre Activates – 0136</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If answered "YES" on any of the above, please provide detail.

**PARTICIPANT/GUARDIAN DECLARATION**

*I consent to my information being provided to State Wide Community Services for the purposes of referral, service delivery and inclusion in de-identified data reporting.*

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Full Name:

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Signature of participant/guardian:

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Date