** Please attach risk assessment and NDIS Plan**

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| **REFERRER INFORMATION** |
| **Referrer Name** |  | **Phone** |  |
| **Role**  |  | **Email** |  |
| **Organization** |  | **Date of referral** |  |

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| **PARTICIPANT INFORMATION** |
| **First Name** |  | **Last Name** |  |
| **Date of Birth** |  | **NDIS Number** |  |
| **Plan Start Date** |  | **Plan End Date** |  |
| **Address Line 1** |  | **Mobile** |  |
| **Address Line 2** |  | **Home Phone** |  |
| **Email** |  | **Interpreter Required** |  *Yes / No*  | *Language Req’d* |
| **Mental Health Concerns** |  |
| **Medical Issues** |  |
| **COVID Vaccinations** | **Participant is COVID Vaccinated?****-** YES/NO/OtherSingle Dose 🞎Double Dose 🞎 Booster/Third Dose 🞎 | **Vaccination Certificate sighted/received** - YES/NOSighted by:  |
| **Supports Requested** | **Type of Support**Individual one-to-one support in home/community visit(s) per week - Hours of support per week \_\_\_\_\_\_\_\_\_\_\_\_hrs pwk- Number of distinct support visits per week \_\_\_\_\_\_\_\_\_\_\_\_distinct visits pwk*- NB: Up to 30 minutes Provider Travel is charged for each distinct visit***Indication of preferred days & times for visits to occur (please tick or cross any)** **MON TUES WED THU FRI SAT SUN Any day of the week**Morning 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎Afternoon 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎Evening 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎**What kind of supports does the Participant want from their worker?**Please outline: |
| **Information about other Glady & Co supports?** | **Please provide information about:**Hub Group Program of Support Yes – please provide info/No INSPIRE Recovery retreats Yes – please provide info/No Support Coordination or Recovery Coaching Yes – please provide info/No Emergency Accommodation Yes – please provide info/No Prevention and Recovery Accommodation (Respite/Short/Medium Term)  Yes – please provide info/NoTailored Fee for Service Mental Health Supports (in addition to or for those without NDIS funded services Yes – please provide info/No/No |
| **Support Preferences** | **SUPPORT WORKERS**Male / Female / Other/ Any**Age preference? (Tick any boxes)**Any 🞎 20-34 🞎35-50 🞎50+ 🞎 | **Participant**Hobbies / Interests/Skills/Education |

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| **PLAN MANAGEMENT INFORMATION** |
| **Funding Type** | Is any NDIS funding coming from Capacity line items? | YES/NO |
| **Plan Manager** |  | **PHONE** |  |
| **ORGANISATION** |  | **EMAIL** |  |