** Please attach risk assessment and NDIS Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **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/Other  Single Dose 🞎  Double Dose 🞎  Booster/Third Dose 🞎 | | **Vaccination Certificate sighted/received**  - YES/NO  Sighted 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/No  Tailored 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** |  |