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**Recovery Coach**

**Service Request**

**Please attach risk assessment and NDIS Plan**

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| **REFERRER INFORMATION** | | | |
| **Referrer Name** |  | **Phone** |  |
| **Organization** |  | **Email** |  |
| **Role** |  | **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** |  | **Mobile** | |  |
|  | **Home Phone** | |  |
|  | **Email** | |  |
| **Interpreter Required** | YES / NO | **Language Required (other than English)** | |  |
| **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: | |
| **Information about other Glady & Co supports?** | **Please provide information about:**  Hub Group Program of Support Yes – please provide info/No  Individual Support Work Yes – please provide info/No  INSPIRE Recovery retreats 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 | | | |

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| **PLAN MANAGEMENT INFORMATION** | | | |
| **Plan Manager** |  | **PHONE** |  |
| **ORGANISATION** |  | **EMAIL** |  |