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| **SERVICE REQUEST FORM:****Support Work** |



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| Please complete form online by clicking in light GREY boxesBox will automatically extend with large amount of text. |

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| **REFERRER INFORMATION** |
|  |
| **Referrer Name** | Click or tap here to enter text. | **Date of Referral** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **Role** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |
|  |
| **PARTICIPANT INFORMATION** |
|  |
| **First Name** | Click or tap here to enter text. | **Last Name** | Click or tap here to enter text. |
| **Preferred Name** | Click or tap here to enter text. | **Date of Birth** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| Click or tap here to enter text. | **Email** | Click or tap here to enter text. |
|  |
| **PARTICIPANT NDIS INFORMATION** |
|  |
| **NDIS Number** | Click or tap here to enter text. |
| **Plan Start Date** | Click or tap here to enter text. | **Plan End Date** | Click or tap here to enter text. |
|  |
| **GUARDIAN / NOMINEE / TRUSTEE DETAILS (if applicable)** |
|  |
| **Name** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **Relationship** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |
|  |
| **PARTICIPANT MENTAL HEALTH AND MEDICAL INFORMATION (more details in risk assessment)** |
|  |
| **Mental Health Diagnosis** | Click or tap here to enter text. |
| **Physical Health / Medical Needs** | Click or tap here to enter text. |

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| **SUPPORT REQUEST PREFERENCE** |
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| **Individual one-to-one support in home / community visit(s) per week.***NB. Up to 30 minutes Provider Travel is charged for each distinct visit* |
| **Hours of support per week** | Click or tap here to enter text. | **Number of distinct visits per week** | Click or tap here to enter text. |
| **Indicate preferred days and times -** [ ]  **Any day of the week** NB. Additional funding charges for visits on Saturday and Sunday |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| **Morning** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Afternoon** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Evening** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **SUPPORT WORKER PREFERENCE** |
|  |
| [ ]  **Any**  |  [ ]  **Female** |  [ ]  **Male** |
| **Age** | **Advise Participants Hobbies, Interests, Skills, Education etc** |
| [ ]  Any  | Click or tap here to enter text. |
| [ ]  20-34  | Click or tap here to enter text. |
| [ ]  34-50  | Click or tap here to enter text. |
| [ ]  50+  | Click or tap here to enter text. |
| Has this request been made to [ ]  Only Glady & Co Mental Health Support [ ]  Multiple NDIS Providers |
|  |
| **ADDITIONAL GLADY & CO SUPPORTS** |
|  |
| **Are you interested in receiving more information on additional supports provided by Glady & Co?** |
| **Support Coordination or Recovery Coaching** | [ ]  **Yes**  | [ ]  **No** |
| **Hub Group Program of Support** | [ ]  **Yes**  | [ ]  **No** |
| **INSPIRE Recovery Retreats** | [ ]  **Yes**  | [ ]  **No** |
| **Prevention and Recovery Program (Retreat or Short/Medium Term)** | [ ]  **Yes**  | [ ]  **No** |
|  |
| **SUPPORT COORDINATOR / RECOVERY COACH DETAILS (if different to referrer)** |
|  |
| **Name** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |
|  |
| **PLAN MANAGER DETAILS** |
|  |
| **Will any funding use a capacity line item** [ ]  **Yes**  [ ]  **No** |
| **Name** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **Organisation** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |

**What Next?**

1. Complete Risk Assessment Form
2. Send completed forms and a copy of participants NDIS Plan to intake@gladyandco.com.au