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

Logo, company name

Description automatically generated

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUPPORT REQUEST PREFERENCE** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **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](mailto:intake@gladyandco.com.au)