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| Service Request Form:  **SUPPORT WORK** |

A logo of a company

Description automatically generated

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| Please complete the form online by clicking in light GREY boxes  Box 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. | |
| **Gender** | | Click or tap here to enter text. | | | | | | **Preferred Pronouns** | Click or tap here to enter text. | |
| **Address** | | Click or tap here to enter text. | | | | | | | | |
| **Mobile** | | Click or tap here to enter text. | | | | | | **Phone** | Click or tap here to enter text. | |
| **Email** | | Click or tap here to enter text. | | | | | | | | |
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| **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. |
|  | | | | | | | | |
| **DOES PARTICIPANT HAVE AN ADVOCATE?** | | | | | | | | |
| **Name** | | | Click or tap here to enter text. | | | **Phone** | | Click or tap here to enter text. |
| **Other details** | | | Click or tap here to enter text. | | | **Email** | | Click or tap here to enter text. |
|  | | | | | | | | |
| **PARTICIPANT MENTAL HEALTH AND MEDICAL INFORMATION (more details asked 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** | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | |
| **Age** | | | **Gender** | | | | **Advise Participants Hobbies, Interests, Skills, Education etc** | | | | | | | | | | | |
| Any | | | Any | | | | Click or tap here to enter text. | | | | | | | | | | | |
| 20-34 | | | Female | | | |
| 34-50 | | | Male | | | |
| 50+ | | |  | | | |
| 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 the additional support provided by Glady & Co?** | | | | | | | | | | | | | | | | | | |
| **Support Coordination or Psychosocial Recovery Coaching** | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **INSPIRE Hub – Day Group Program of Support** | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **INSPIRE Programs – Group Program of Support** | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **OUR HOME - Group Program of Support (Accommodation/Long Term Housing)** | | | | | | | | | | | | | | | **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)

**What is an Advocate?**

It is your right to request an Advocate.  An Advocate is someone who speaks up for you if you cannot speak up for yourself.  Please find the following links to some Advocacy Groups in Victoria.

<https://www.vmiac.org.au/>

<https://www.imha.vic.gov.au/>

<https://www.legalaid.vic.gov.au/independent-mental-health-advocacy>