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| **Service Request Form:**  Pathways to Independence |

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 /SUPPORT COORDINATION DETAILS** | | | | | |
| **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. |
| **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. |
| **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. | | **Religious Needs** | | 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. |
| **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. |
| **PLAN MANAGER DETAILS** | | | | | |
| **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. |

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| **PROGRAM STREAM** Please select the appropriate program based on participants age |
| **Rising (18-25)**  **Anchored (26-35)**  **Empowered (36+)** |
| **FUNCTIONAL SKILLS AND ACCESS NEEDS** |
| **Primary Communication Method** (e.g. verbal, AAC device, key word sign)  Click or tap here to enter text. |
| **Supports needed for group learning**  Click or tap here to enter text. |
| **Support required for meal preparation**  Click or tap here to enter text. |
| **Money handling or budgeting ability**  Click or tap here to enter text. |
| **Mobility (e.g. walking aid, wheelchair, full mobility)**  Click or tap here to enter text. |
| **LEARNING STYLE AND PARTICIPATION** |
| **Preferred learning style** (e.g. visual, hands-on, discussion-based)  Click or tap here to enter text. |
| **Support required to understand new tasks**  Click or tap here to enter text. |
| **Interaction in group settings** (e.g. confident, anxious, requires 1:1)  Click or tap here to enter text. |
| **Known behaviours of concern or triggers**  Click or tap here to enter text. |

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| **PROGRAM GOALS**  Select as many goals as appropriate | |
| **Build independence and life skills** (daily routines, personal hygiene, self-care, budgeting, meal planning and preparation, public transport, and independent living) | |
| **Explore employment, study or volunteer opportunities** (including exploring interests and building confidence in employment-related settings) | |
| **Improve social connections** | |
| **Pathways to certifications** (RSA, Barista, Food Handling etc.) | |
| **Other** (Please specify)  Click or tap here to enter text. | |
| **MEDICAL AND EMERGENCY INFORMATION** | |
| **Primary Diagnosed Conditions** (mental and/or physical health) | Click or tap here to enter text. |
| **Allergies or dietary needs** | Click or tap here to enter text. |
| **Seizure protocol or medical alerts** | Click or tap here to enter text. |
| **Is there a Behaviour Support Plan in place?** If yes, please provide a copy | **Yes  No** |

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| **REPORTING AND COMMUNICATION PREFERENCES** | |
| Will you require the following reports Do you require a final report for plan review purposes? | |
| Final Report  **Yes  No** | Psychology Functional Capacity Assessment  **Yes  No** |

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| **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** |

**What Next?**

1. Send completed forms and a copy of participants NDIS Plan to [pathways@gladyandco.com.au](mailto:pathways@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>