**SUPPORT WORKER - REFERRAL FORM**

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| --- | --- |
| **Enquiry date:** |  |
| **Client’s Name:** |  |
| **NDIS Number:** |  |
| **Date of Birth:** |  |
| **Disability or Diagnosis:** |  |
| **Country of Birth:** |  |
| **Address:** |  |
|  |
|  | **Post code:** |  |
| **Phone number/s:** | **Mobile:** |  | **Home:** |  |
| **Referred by:Self or Support Coordinator**  |  |
| **Aboriginal or Torres Strait Islander:** |  |
| **Please state primary language:** |  |
| **Gender or Self-described (Gender):** |  |
| **How is the Core budget managed?** | * **Self-Managed**
* **NDIA Managed**
* **Plan Managed**
* **Unsure**
 |
| **If Plan Managed, please enter the Plan Managers Full Name & Email address:** |  |
| **Are you changing Support Providers during your current plan?** | * **Yes**
* **No**
 |
| **If Yes, Please provide details of current service provider?** |  **Provider Name: Contact name: contact number: email address:** |
| **Cultural and /or Religious Needs:****If not applicable, write N/A** |  |
| **Living Arrangements:****If not applicable, write N/A** | * **Lives Alone**
* **Lives with others**
* **SRS**
* **Shared accommodation**
* **Other living arrangements (please describe)**
 |
| **Any Physical Health Concerns:****If not applicable, write N/A** |  |
| **Interests/Social Interactions:** |  |

|  |  |
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| **Please send through a copy of the NDIS plan along with this referral to:** support@supportbase.com.au**We will be in contact with you within 2 business days.** |  |
| **NDIS Plan Start Date:** |  | **NDIS Plan End Date:** |  |
| **Service required:** | **Daily Living support (tick)** | **Social and Community Support (tick)** | **BOTH Daily Living and Social and Community support (tick)** |
| **Preferred Contact Details:** | **Name:****Phone:****Email address:****Relationship to the participant:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days of service required:**  | **Monday** | **Tuesday**  | **Wednesday** | **Thursday**  | **Friday**  | **Saturday**  | **Sunday** |
| **Hours of services required each day:** |  |  |  |  |  |  |  |
| **Any additional requirements i.e. sleepovers / active nights etc** |  |