Empower and Thrive
www.empowerandthrive.com.au
e: esther@empowerandthrive.com.au
Ph: 0458 215 264

Disability Services – Request for Service Form

Date:				
Agency Name:				
Participant Name:				
Date of Birth:				
Address:				
Phone number:				
Emergency Contact:			Phone Number	
Alerts:	☐ Diabetic Plan	☐ Epilepsy plan	☐ Asthma plan	☐ Medication Summary
Allergies :	☐ No	☐ Yes, please list		
Special Considerations:	☐ Nominee	☐ Guardianship	☐ VCAT order	☐ Power of attorney
Participants provide consent to share information:	☐ Yes, please include copy		☐ No	
Participants Disability:				
Cultural Needs:				
NDIS number:				
Commencement Plan Date:				
Billing details:	☐ NDIA	☐ Plan Managed	☐ Self-Managed	☐ TAC
Transport billing details:	☐ Plan managed	☐ Participant in receipt of fortnightly payments.	☐ Participant has NDIS managed fortnightly payments	☐ Participant has a multipurpose Taxi card
Plan Manager Details:				
Behavior Support Plan or intervention support:	☐ Yes, please provide a copy		☐ No	
Any other major concerns we should be aware of?				

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About Your Funding				
Activity Type	NDIS Support item No.	Cost	Hours Allocated	Assessment Required

About Your Service with Us			
Activity Requested	Days of the week you would like the service	Hours per day	Total Hours per week

Goals:	
Goal 1	
Goal 2	
Goal 3	
Goal 4	

NDIS Support Coordinator Details: (if applicable)	
Name	
Contact number	
Email Address	

Preference of Worker:	☐ Male ☐ Female ☐ No preference
Age Preference?	
Ratio of Support required	☐ 1: 1 ☐ 1:2 ☐ Group
NOTE: We are Sole Traders and *not* NDIS Accredited. If you are NDIS Managed then, unfortunately, we cannot support you.	

Likes:	Dislikes