



REFERRAL FORM

For Children Attending Frangipani Care

Child / Participant Details

Name:

Date of Birth (DOB):

NDIS Number:

Plan Dates

Start Date:

End Date:

Parent / Guardian Details

Name:

Mobile Number:

Address:

Service Provider Details

Service Provider Name: Frangipani Care

Contact Person: Kathryn Thompson

Phone: 0439 089 995

Email: admin@frangipanicare.com.au

Address: 101 Schieler's Rd, Tomki NSW

Plan Manager Details

Name:

Phone Number:

Email Address:

Address:

Support Coordinator Details

Name:

Phone Number:

Email Address:

Address:

Schedule of Supports (with Hours & Cost)

Core – Social Skill Group Sessions

Capacity Building – Improved Daily Living

Skill Development and Training

Capacity Building – Social & Community Participation

Other (Specify):

Total Estimated Cost for Services:

Payment Terms

Payment Method: Electronic Funds Transfer (EFT)

NDIS Funding: Services are covered under the child's NDIS plan (including self-managed).

Invoices: Issued to the Plan Manager, or directly to parent if plan is self-managed.

Support and Services Provided

- Assistance with daily living activities as per plan
- Support for social and community participation

Goals of the Service

- Enhance independence and daily living skills
- Promote social interaction and participation
- Support developmental milestones and learning

Acknowledgment and Signatures

Parent / Guardian Name:

Signature:

Date:

Service Provider Representative Name: Kathryn Thompson

Signature:

Date:

Additional Information: Medical, Emergency, Permissions, Behaviour Support

Medical Information

Allergies:

Health Management Plans:

Other Medical Considerations:

Emergency Contact Details

Primary Contact Name:

Relationship:

Phone:

Secondary Contact Name:

Relationship:

Phone:

Permissions

Permission for child to participate in swimming activities

Permission for child to travel in a motor vehicle with Frangipani Care staff

Permission for child to attend community outings and excursions

Behaviour Support Plans

My child has a current Behaviour Support Plan (please attach a copy).

My child does not have a Behaviour Support Plan.

Practitioner Name:

Phone:

Email:

General Practitioner (GP) Contact Details

Name: