

**Ph: 0479 120 414**



**Townsville Support Solutions**

**kari@townsvillesupportsolutions.com.au**

When it comes to disability care, there is no "one care plan fits all". Daily services can include anything from meal preparation, hygiene, cleaning, and supervision. Townsville Support Solutions take the time to get to know you and develop an individualised care plan that fits your



**Transport -** Providing Transport while out in the community, Townsville Support Solutions has fully insured clean and air-conditioned SUV or Sedan.

**Community Access -** Enjoy dancing, play sports or lunch at the beach? Whatever your hopes are, the Disability Home Care Services team would love to help you live your dream. Townsville Support Solutions can assist by: Connecting with your community through your hobbies and interests





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**Plan Managed or Self Managed**  
**We are accepting new referrals**

**TRANSPORT TO AND FROM EVENTS**  
**SOCIAL SUPPORT IN THE COMMUNITY**  
**SOCIAL SKILL DEVELOPEMENT**  
**ASSISTANCE WITH GOAL SETTING**  
**HOW TO USE APPLIANCES - WASHING MACHINE - SLOW COOKER**  
**TAKING CARE OF THE GARDEN**  
**ATTENDING MEDICAL APPOINTMENTS**  
**IMPLEMENTING SPECIALIST PLANS**



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We're excited to announce our partnership with Australia's leading #NDIS plan manager, Leap in!

To find out more on why we choose Leap in! you can visit them at [www.leapin.com.au](http://www.leapin.com.au)



**Kari Harnett**

Director



Townsville Support Solutions PTY LTD

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Scan me with Camera to add  
Contact Details



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## Participant intake form

Fill out every applicable section of this form. Mark any non-applicable sections with **N/A**

### Section 1: Personal details

First name		Middle name/s	
Last name		Date of birth (DD/MM/YYYY)	
Place of birth			
Previous names used (if applicable)			
Background (tick all that apply)	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander		

### Section 2: Emergency contact details

Emergency contact name		Relation to participant	
Contact number			
Address			

### Section 3: Existing care arrangements



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*Formal care arrangements*

<b>Total days spent in care in the last 12 months</b>		<b>Current supervising organisation</b>	
<b>Supervising organisation contact details</b>			

*Mainstream supports (e.g. health, education, community, transport)*

<b>Support type</b>	
<b>Supports provided</b>	
<b>Contact name</b>	
<b>Phone number</b>	
<b>Email</b>	

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<b>Contact name</b>	
<b>Phone number</b>	
<b>Email</b>	

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<b>Supports provided</b>	
<b>Contact name</b>	
<b>Phone number</b>	



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Email	
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Support type	
Supports provided	
Contact name	
Phone number	
Email	

Support type	
Supports provided	
Contact name	
Phone number	
Email	



## Section 4: Existing conditions

*Any health, medication, disability, environmental, safety risk, emotional/behavioural, cognitive/developmental, mobility, nutrition or dietary conditions relevant to the participant's care.*

*Where possible, obtain management plans for these conditions (e.g. health plan, behaviour management plan, epilepsy plan, asthma plan, allergy plan).*

[illegible]



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## Section 5: Preferences of the participant

*Any special cultural, language, communication and support needs/preferences that the participant has*


*Any other personal views of the participant or parents/carers*




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## Section 6: Daily routine information

*The participant's living and socialisation skills and any daily routine they may have (including eating, drinking, dressing, sleeping, bathing, toileting or menstruation)*






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## Section 7: Likes and dislikes

*The participant's likes and dislikes regarding any aspect of their lives, including the support and intervention they receive.*




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## Section 8: Educational needs

*The participant's education, training and/or vocational needs, goals and and preferences*




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## Section 9: Social and leisure

*The participant's social and/or leisure preferences*


## Section 9: Services

*Information about the services that you intend to provide*

Service type (e.g. epilepsy management)	Service description	Timeframe (DD/MM/YYYY-DD/MM/YYYY)



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*Information about people responsible for undertaking and managing services*

Name	Position (e.g. service coordinator)	Responsibilities

## Section 10: Signatures

*All relevant parties should sign off to agree that the information on this form is correct and that the proposed services are suitable. All parties must also sign separate service agreements in order to proceed with services.*

*The participants have the right to access and correct the information held by us at any time.*



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<b>Participant's signature</b>	
<b>Name of participant</b>	
<b>Advocates/guardian's signature</b>	
<b>Name of advocate/guardian</b>	
<b>Organisation representative's signature</b>	
<b>Name of organisation representative</b>	
<b>Date</b>	