**NDIS Behaviour Support and Therapeutic Support Intake Form**

**CRAMLI Australia Pty Ltd appreciates that everyone is unique; please help us get to know you by answering the** **following:**

The [*NDIS (Restrictive Practices and Behaviour Support) Rules 2018*](https://www.legislation.gov.au/F2018L00632/latest/text) (Behaviour Support Rules) state the registration of the specialist behaviour support provider is subject to the condition that the provider must develop:

1. an interim behaviour support plan that includes provision for the use of the regulated restrictive practice within 1 month after being engaged to develop the plan; and
2. a comprehensive behaviour support plan that includes provision for the use of the regulated restrictive practice within 6 months after being engaged to develop the plan.

In developing a comprehensive behaviour support plan for a person with disability, the specialist behaviour support provider must undertake a behaviour support assessment, including a functional behavioural assessment of, the person with disability. (Section 20 of the Behaviour Support Rules).

These timeframes are a legislated requirement as outlined in section 19 of the Behaviour Support Rules. Providers who breach the conditions of their registration by not meeting these timeframes may be subject to compliance actions in accordance with the NDIS Commission’s [Compliance and Enforcement Policy](https://www.ndiscommission.gov.au/about/legislation-rules-and-policies/compliance-and-enforcement-policies#paragraph-id-2583).  
  
Just to Clarify:

According to NDIS rules, creating both an Interim and a Comprehensive Behaviour Support Plan requires a Behaviour Support Assessment, which includes a Functional Behavioural Assessment. NDIS funding is necessary to cover the time for assessments, consultations, data analysis, and writing the reports.

The law sets strict deadlines: an Interim Behaviour Support Plan must be done within 1 month of starting, and a Comprehensive Behaviour Support Plan/Functional Behaviour Assessment must be completed within 6 months. Using the funding properly is important to meet these legal requirements and avoid issues with the NDIS Commission.

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| **Client Details** | | | | | | |
| **NDIS Number:** |  | | | | | |
| **Funding Plan Dates:** | Start: End: | | | | | |
| **Full Name:** |  | | | | | |
| **Preferred Name:** |  | | | | | |
| **Date of Birth:** |  | | | | | |
| **Sex** | Male  Female  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Address:** |  | | | | | |
| **Contact Number:** |  | | | | | |
| **Email:** |  | | | | | |
| **Do you identify as:** | ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ None | | | | | |
| **Are you of a culturally or linguistically diverse background?** | Yes  No  **Please explain:** | | | **Interpreter required?** | Yes  No  **What language do you require?** | |
| **Preferred Method of Contact** | ☐ Phone ☐ Email ☐ Face-to-Face | | | | | |
| **Preferred Method of Engagement** | ☐ Home ☐Telehealth ☐ Day Placement ☐ CRAMLI Office ☐ Community ☐ Other: | | | | | |
| **Representative or Emergency Contact Details** | | | | | | |
| **Full Name** |  | | | | | |
| **Relationship to Client** |  | | | | | |
| **Address** |  | | | | | |
| **Phone Number** |  | | | | | |
| **Email** |  | | | | | |
| **Preferred method of contact** | ☐ Phone | ☐ Email | ☐ Mail | | | |
| **Do you nominate this person to act as your representative?**  ☐ Yes ☐ No | | | | | |  |
| **Funding** | | | | | | |
| **CRAMLI Australia Pty Ltd to invoice:** | NDIA directly (NDIA managed)  Plan Manager (plan managed)  Us directly (self-managed)  **Invoice Details**   |  |  | | --- | --- | | **Agency/Person name:** |  | | **Email:** |  | | | | | | |
| **Service Booking and PACE** | I have selected CRAMLI as My Provider for Behaviour Support in PACE?    Yes  No  NOTE: If CRAMLI is not selected as your provider for behaviour support. We are unable to commence services.  Have I asked my previous provider to release funding?  CRAMLI will need to create a service booking Yes  No  NOTE: If CRAMLI is unable to create a service booking. We are unable to commence services. | | | | | |
| **Implementing Provider Details.** | Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is there a current Interim BSP? If so, what is the expiry date Click or tap to enter a date.  Is there a current Comprehensive BSP? If so, what is the expiry date Click or tap to enter a date.  Are there any restrictive practices such as chemical, mechanical etc. if so what are they? | | | | | |
| **Reason for seeking out CRAMLI services?** | Behaviour Support  NOTE: CRAMLI will be engaged to develop an Interim or Comprehensive Behaviour Support Plan 3 weeks from receiving a signed service agreement, providing we have been able to conduct 2 home visits in this time period and been provided with the information required.  **NDIS funding will be used to write reports**, as this is essential to meeting the compliance requirements. This includes funding for time spent on assessments, data collection, analysis, consultations, meetings and detailed report writing.  **If, you require behavioural support, when do you need a report submitted by?**  2 weeks  3 weeks  4 weeks  Counselling – Psychological Interventions  Animal Assisted Therapy (Rabbit Therapy with ‘Alfie’) | | | | | |
| **Please provide all medical diagnosis and medicine that may affect the support provided** | Autism Spectrum Disorder  Intellectual Impairment/Disability  Attention Deficit Hyperactive Disorder  Other -Please explain: | | | | | |
| **Please provide a summary of the NDIS goals** | **Have you attached or emailed a copy of the NDIS funding plan** | | | | | |
| **Please disclose any legal issues that may affect service** | Child protection  Intervention Order (IVO)  Family Violence  Drug and/or Alcohol  Other -Please explain: | | | | | |
| **Work Health and Safety** | **Please disclose any safety or risk issues that can pose a risk or safety concern to staff and/or the community eg. No female staff, will strangle staff etc**  **Please answer the following:**  Are there any weapons on site: Yes  No  Are there any animals present: Yes  No  Is it safe to conduct a home visit: Yes  No  Any history of violence towards staff or others: Yes  No  Any history or current AoD issues: Yes  No  High-risk location (isolated or remote): Yes  No  Are there any additional residents we need to know of: Yes  No | | | | | |
| **My Presenting Concerns** | ☐ Verbal aggression  ☐ Physical aggression  ☐ Sexualised behaviours  ☐ Criminal behaviours  ☐ Suicidal ideation  ☐ Other -Please explain: | | | | | |
| **Consent -Do you consent to participate in and use of...** | ☐ Photos for Goal Data  ☐ Photos for social media  ☐ Photos for the website  ☐ Participating in audits in respect of our business by the NDIS Commission, DFFH or other auditors  ☐ None of the above | | | | | |
| **Service agreement and Contact** | **Who do we email the service agreement to for signing?**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Who do we contact to make an appointment?**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Support Coordinator Details** | | | | | | |
| **Full Name** |  | | | | | |
| **Company** |  | | | | | |
| **Phone** |  | | | | | |
| **Email** |  | | | | | |

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| **Please supply CRAMLI Australia Pty Ltd with relevant reports, assessments, and plans prior to commencing programs.** |

**Schedule of Supports:**

**Any changes to our schedule of support agreed upon via our services agreement will be confirmed via email**

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| **Frequency of support** | Weekly  Fortnightly  Monthly  Up to the practitioner and client |
| **Session Duration** | 1 hour 1.5 hours 2 hours other: |
| **Travel** | Metro (MMM1-3) up to 30 min each way  Regional (MMM4-5) up to 60 min each way  Remote (MMM 6+) \*please speak to admin team |

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| --- | --- |
| Category and Line Item: |  |
| Allocated Hours |  |
| Total Amount Allocated |  |

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**Important information**

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| **Choice, control and independence** | All participants have choice and control over the provisions of their service delivery this also includes:   * Making appointments * Cancellation of appointments and/or services * Where sessions are held, duration and frequency * Who is informed of the progress of sessions, goals and outcomes * etc   If there is legal documentation that changes the participant’s rights, decision-making, choice and control, this needs to be provided to us. |
| **Report Writing and data analysis only (this does not include observation, care team meetings, phone calls, emails, data collection, travel, face-to-face contact or implementation of a BSP** | Please understand we will do everything we can to help and support you. However, we also have very strict requirements and must spend a lot of time, hours, and funding in developing reports as per the NDIS Rules 2018. This is a legislative requirement. So, if you are wondering where the funding goes…see below….  **NDIS funding will be used to write reports**, as this is essential to meeting the compliance requirements. This includes funding for time spent on assessments, data collection, analysis, consultations, meetings and detailed report writing.   * Interim Behaviour Support Plan – requires 15 hours (depending on the client and the complexities). * Functional Behaviour Assessment/Positive Behaviour Support Plan – requires 30 hours (depending on the client and the complexities) * Comprehensive Behaviour Support Plan – requires 35 hours (depending on the client and the complexities) * Letters of Support/Recommendation – requires 10 hours (depending on the client and funding) * Psychological Assessment – requires 30 hours (depending on the client and the complexities) * RP Consult and Assessment/Brief Consultation - requires 20 hours (depending on the client and funding) |