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Description automatically generated

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | |
| **NDIS Number:** | |  | | | |
| **Funding Plan Dates:** | | Start: End: | | | |
| **First Name:** | |  | | | |
| **Last Name:** | |  | | | |
| **Date of Birth:** | |  | | | |
| **Address:** | |  | | | |
| **Contact Number:** | |  | | | |
| **Email:** | |  | | | |
| **Do you identify as:** | | ☐ Aboriginal  ☐ Torres Strait Islander  ☐ Both  ☐ None | | | |
| **Preferred method of contact** | | ☐ Phone | | ☐ Email | ☐ Mail |
| **Representative or Emergency Contact Details** | | | | | |
| **First Name** | |  | | | |
| **Last Name** | |  | | | |
| **Relationship to Client** | |  | | | |
| **Address** | |  | | | |
| **Phone Number** | |  | | | |
| **Email** | |  | | | |
| **Preferred method of contact** | | ☐ Phone | ☐ Email | | ☐ Mail |
| **Funding** | | | | | |
| **CRAMLI Australia Pty Ltd to invoice:** | | **NDIA directly (NDIA managed)**  **Plan Manager (plan managed)**  **Us directly (self-managed)**  **Invoice Detail:**  Agency/Person name:  Email: | | | |
| **Reason for seeking out CRAMLI services?** | |  | | | |
| **Please provide all medical diagnosis and medicine that may affect the support provided** | |  | | | |
| **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 eg. Apprehended Violence Order** | |  | | | |
| **My Presenting Concerns** | |  | | | |
| **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 and its auditors  ☐ Your personal information is recorded in audio and/or visual format  ☐ None of the above | | | |
| **Reports and Restrictive Practices** | | 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? | | | |
| **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** | | | | | |
| **Name** |  | | | | | |
| **Company** |  | | | | | |
| **Phone** |  | | | | | |
| **Email** |  | | | | | |

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

**Schedule of Supports:**

|  |  |
| --- | --- |
| **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  Reginal (MMM4-5) up to 60 min each way  Remote (MMM 6+) \*please speak to admin team |

|  |  |
| --- | --- |
| Category and Line Item: | 11\_022\_0110\_7\_3 Specialist Behavioural Intervention Support |
| Hourly Rate | Metro: $214.41 Remote: $234.83 Very Remote: $352.25 |
| Allocated Hours |  |
| Total Amount Allocated |  |

|  |  |
| --- | --- |
| Category and Line Item: | 11\_023\_0110\_7\_3 Behaviour Management Plan Including Training In Behaviour Management Strategies |
| Hourly Rate | Metro: $193.99 Remote: $271.59 Very Remote: $290.99 |
| Allocated Hours |  |
| Total Amount Allocated |  |

|  |  |
| --- | --- |
| Category and Line Item: | Individual Social Skills Development 11\_024\_0117\_7\_3 |
| Hourly Rate | Metro: $65.09 Remote: $91.13 Very Remote: $97.64 |
| Allocated Hours |  |
| Total Amount Allocated |  |

|  |  |
| --- | --- |
| Category and Line Item: | 15\_043\_0128\_1\_3 Therapeutic Supports Counselling |
| Hourly Rate | Metro: $156.16 Remote:$218.62 Very Remote $234.24 |
| Allocated Hours |  |
| Total Amount Allocated |  |

|  |  |
| --- | --- |
| Category and Line Item: | 15\_056\_0128\_1\_3 Assessment, Recommendation, Therapy And/Or Training (Incl. AT) - Other Therapy |
| Hourly Rate | Metro: $193.99 Remote: $271.59 Very Remote: $290.99 |
| Allocated Hours |  |
| Total Amount Allocated |  |

|  |  |
| --- | --- |
| Category and Line Item: | 01\_701\_0128\_1\_3 Assessment, Recommendation, Therapy and/or Training (including Assistive Technology) - Psychology |
| Hourly Rate | Metro: $214.41 Remote: $328.76 76 Very Remote: $352.25 |
| Allocated Hours |  |
| Total Amount Allocated |  |

|  |  |
| --- | --- |
| Category and Line Item: | 01\_700\_0118\_1\_3 Capacity Building Supports For Early Childhood Interventions – Psychology |
| Hourly Rate | Metro: $214.41 Remote: $328.76 Very Remote: $352.25 |
| Allocated Hours |  |
| Total Amount Allocated |  |

|  |  |
| --- | --- |
| Category and Line Item: | 01\_740\_0118\_1\_3 Capacity Building Supports For Early Childhood Interventions - Other Therapy |
| Hourly Rate | Metro: $193.99 Remote: $271.59 Very Remote: $290.99 |
| Allocated Hours |  |
| Total Amount Allocated |  |

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