

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

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| **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** |  |

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

**Schedule of Supports:**

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

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| --- | --- |
| 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  |  |

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| --- | --- |
| 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  |  |

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| --- | --- |
| 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  |  |

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| --- | --- |
| 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**