



## SUPPORT COORDINATION / PRC REFERRAL FORM

- ☐ Psychosocial Recovery Coaching
- ☐ Support Coordination
- ☐ Specialist Support Coordination

### 1. Participant Details

<b>Participant Name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	Male, female, non-binary, trans
<b>Phone:</b>			
<b>Email:</b>			
<b>Address:</b>			
<b>Country of Birth:</b>			
<b>Indigenous / Ethnicity</b>	<input type="checkbox"/> Aboriginal, Torres Strait Islander <input type="checkbox"/> Not of indigenous origin <input type="checkbox"/> Other ethnicity (specify) _____		
<b>NDIS Number:</b>			
<b>NDIS Plan Start Date:</b>		<b>NDIS Plan End Date:</b>	
<b>NDIS Copy Attached</b>	<input type="checkbox"/> Yes (If yes, please attach) <input type="checkbox"/> No		
<b>Behaviour Support Plan:</b>	<input type="checkbox"/> Yes (If yes, please attach) <input type="checkbox"/> No		
<b>Living Arrangements:</b>	<input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> Other (please specify) _____		
<b>Who is the primary Contact?</b>  <input type="checkbox"/> NOK <input type="checkbox"/> Carer <input type="checkbox"/> Guardian	<b>Name:</b>		
	<b>Phone:</b>		
	<b>Relationship:</b>		
	<b>Other information:</b>		

## 2. Referral Details

<b>Name:</b>	<b>Organisation:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Role: (please tick)</b>  <input type="checkbox"/> Support coordinator <input type="checkbox"/> Professional <input type="checkbox"/> Family member  <b>Other: (please specify)</b> _____	

## 3. Diagnosis / Presenting Issues

<b>Diagnosis:</b> <i>(Please specify Disability / Medical/ Mental Health and other presenting issues)</i>
<b>Goal/s of Support Coordination?</b>

#### ***4. Reason For Referral***

**Requested areas of support:**

**Funding allowance (hours available for Service Booking):**

**Risks for the participant in transitioning to Your Life Your Support Coordination?**

## **5. Service Requested and Cost of Service**

### ☐ **Psychosocial Recovery Coaching**

- Is charged at: \$101.42 (weekday daytime 09.00 to 5pm) and in 15-minute blocks; work outside weekday daytime is charged at applicable rates as required.
- Charges are incurred for: visits, phone calls, emails and research.
- Is subject to change in line with NDIS price guides.

### ☐ **Support Coordination**

- Is charged at: \$100.14 and in 15-minute blocks.
- Charges are incurred for: visits, phone calls, emails and research.
- Is subject to change in line with NDIS price guides.

### ☐ **Specialist Support Coordination**

- Is charged at: \$190.54; and in 15-minute blocks.
- Charges are incurred for: visits, phone calls, emails and research.
- Is subject to change in line with NDIS price guides.

#### ***Please note:***

- *Session charge also includes time for admin & follow-up (as outlined in our service agreement)*

#### ***The kms and time: Please note if in home/at school or in the community:***

- *Travel each way will incur additional charges per kilometre and time allowance from the plan at the pricing detailed in the current NDIS pricing arrangements & price limits guide.*

#### **6. *Inclusive Service Needs***

Your Life Your Support Coordination is an inclusive provider. We welcome referrals from all participants so please let us know if there are any considerations relating to culture, religion, values, beliefs and sexual expression that we can accommodate:

## 7. *Payment Of Account*

**Who is responsible for paying the account? *(please tick)***

☐ **Plan Manager *(if plan managed, please complete details below)***

**Name of Plan Management Organisation:** \_\_\_\_\_

**Email for invoices:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

☐ **Self-managed *(if self-managed please complete details below)***

**Name of person responsible for the account:** \_\_\_\_\_

**Email for invoices:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**8. Additional Information (if applicable):**

## 9. Signature

**Participant / guardian declaration:**

I consent to my information being provided to Your Life Your Support Coordination for the purposes of referral, service delivery and inclusion in de-identifying data reporting.

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Participant / Guardian:

I consent to the fees and charges outlined on this form and acknowledge that these might increase in line with any new NDIS charge rates. I will be advised of any increase by my allocated worker.

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Participant / Guardian:

Please note that the information provided above will assist Your Life Your Support Coordination to assess whether we are the appropriate agency to best meet the participants/ your needs. It does not guarantee automatic services provision.

It is Your Life Your Support Coordination policy that a signed Service Agreement is in place for all NDIS plan managed or self managed participants prior to commencement of service delivery. If the participant and Your Life Your Support Coordination staff agree to work together, a Service Agreement will be sent via email using Docusign document signing or will be brought for an in person signing during a first visit.

If a Service Agreement is subsequently received and the agreed role or cost of services differs to the above, our records will be updated to reflect the changes in the signed Service Agreement.

Please return completed form to: [support@ylys.com.au](mailto:support@ylys.com.au)