P: 02 4983 2725

M: 0456 413 038

E: admin@localservicesgroup.com.au

*ABN: 27 621 095 369 FULLY INSURED*

| **NDIS Referral Form****\*To be returned in conjunction with the participant’s NDIS plan****Please ensure you complete entire form before returning\*** |  |
| --- | --- |
|  |
| DATE OF REFERRAL: |  |  |
| Participant Details |  |
|  |
| FIRST NAME: |  |  |
| PREFERRED NAME: |  |  |
| SURNAME: |  |  |
| NDIS NUMBER:  |   | PLAN DATES: |   |  |
| GENDER IDENTIFICATION: |  |  |
| PH NUMBER: |   | DATE OF BIRTH: |   |  |
| EMAIL ADDRESS: |  |  |
| ADDRESS: |   |  |
| SUBURB: |   | POST CODE: |   |  |
| DIAGNOSED DISABILITY:*DOES THE PARTICIPANT HAVE A BEHAVIOURAL MANAGEMENT PLAN IN PLACE? IF YES - PLEASE PROVIDE.*  |   |  |
| POSSIBLE RISKS: |   |  |
| PARTICIPANT’S GOALS: |  |  |
| Plan Management Details |  |
|  |
| PLAN MANAGEMENT:  | AGENCY/SELF/PLAN MANAGER |  |
| COMPANY NAME: |   |  |
| COMPANY PHONE NUMBER: |   |  |
| COMPANY EMAIL ADDRESS FOR INVOICING: |   |  |
| Referrer Details |  |
|  |
| FIRST NAME: |  |  |
| SURNAME: |  |  |
| NAME OF COMPANY: |   |  |
| JOB TITLE: |   |  |
| PHONE NUMBER:  |   |  |
| EMAIL ADDRESS |   |  |
| REFERRER TO ATTEND THE SITE SAFETY INSPECTION: |  YES / NO |  |
| REFERRER TO BE ADVISED WHEN THE INSPECTION IS BOOKED: |  YES / NO |  |
| PARTICIPANT TO BE CONTACTED DIRECTLY: |  YES / NO |  |
| REASON FOR REFERRAL: |  CLEANING / CARPETS / LAUNDRY / LAWNS |  |
| FREQUENCY OF SERVICES REFERRED FOR: |  WEEKLY/FORTNIGHTLY/OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ⬜ I have obtained consent from the participant to make this referral and provide complete personal and medical details. |  |
| **We can provide services as soon as all documentation required and site safety inspection/risk inspection has been completed.** **There is a 1-unit cost to conduct a site safety/risk inspection.** |  |
| HOW DID YOU HEAR ABOUT LOCAL SERVICES GROUP? | ⬜ Google⬜ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_⬜ Referral, Who referred you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |
| ADDITIONAL NOTES OR OTHER DETAILS

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