

NDIS 'Request for Services' form

Hatch Dietetics is able to provide services to NDIS participants who have relevant self-managed or plan-managed budget categories in their plan. If your funding is NDIA-managed (agency-managed), Hatch Dietetics is not able to provide services to you. Our sincere apologies.

Date	
Participant name	
About the participant	
Please tell us why you would like to work with a Dietitian at Hatch Dietetics? (information that can be helpful could include: Your goals, your interests, how you best communicate, any challenges that you experience, any medical or other diagnoses)	
Participant date of birth	
Participant email	
Participant phone number	
Participant home address	
NDIS reference number	
NDIS plan start date	
NDIS plan end date	
Do you/the participant require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant funding information	
How is the funding category that you are seeking to use for dietetic services managed? <i>Please note, we are not able to provide services to participants who have NDIA-managed funds</i>	<input type="checkbox"/> Self-managed <input type="checkbox"/> Plan-managed
Which funding category from your NDIS plan are you seeking to use for dietetic services?	<input type="checkbox"/> Capacity building - Improved health and wellbeing (all ages) <input type="checkbox"/> Capacity building – Improved daily living (>7 years) <input type="checkbox"/> Capacity Building Improved Daily Living ECI (<7 years)

<p>How much budget are you wanting to allocate to work with Hatch Dietetics? <i>Note, a minimum of \$950/5 hours (+travel) is required to commence services. Please get in contact to discuss your needs if you do not have this budget available.</i></p>	
<p>Referrer and contact information</p>	
<p>If you are referring on behalf of a participant, please provide your contact details.</p> <p>If you are self-referring, please go to the next question.</p>	
<p>Who should we contact to arrange or discuss services?</p>	<p><input type="checkbox"/> Me/the participant</p> <p><input type="checkbox"/> Caregiver (e.g. parent, guardian) - details listed above</p> <p><input type="checkbox"/> Someone else. If so, please list contact details in the box below</p>
<p>Service delivery consent</p>	
<p>Do you consent to receive a service that is delivered to you online via telehealth? <i>Note, home visits may be offered where available and necessary to support you to meet your goals</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/maybe. I would like to discuss home/community visits</p>
<p>Additional information about your referral</p>	
<p>Please provide any additional information that you feel that we should know to help us to work together</p>	

Please save this form and then email it as an attachment to info@hatchdietetics.com.au.

We will contact you via phone or email to discuss your request for service as soon as we can.

If you are experiencing any difficulties with completing this form or would like any assistance with completing the form, please email info@hatchdietetics.com.au. We will get in touch with you to offer our support.