



## NDIS ‘Request for Services’ form

Here at Hatch Dietetics, we are only able to provide services to NDIS participants who have relevant self-managed or plan-managed budget categories in their plan.

<b>Date</b>	
<b>Participant name</b>	
<b>About the participant</b>	
<b>Please tell us why you would like to work with a Dietitian at Hatch? (it is helpful if you tell us about yourself - your goals, your interests, your abilities, any challenges that you experience, your NDIS diagnosis)</b>	
<b>How do you/the participant best communicate?</b>	<input type="checkbox"/> Verbally <input type="checkbox"/> Using body language <input type="checkbox"/> Low-tech communication system (e.g. PODD) <input type="checkbox"/> High-tech communication system (e.g. device) _____
<b>Participant date of birth</b>	
<b>Participant email</b>	
<b>Participant phone number</b>	
<b>Participant home address</b>	
<b>NDIS reference number</b>	
<b>NDIS plan start date</b>	
<b>NDIS plan end date</b>	
<b>Do you/the participant require an interpreter?</b>	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

<b>Participant funding information</b>	
<p><b>How is the funding category that you are seeking to use for dietetic services managed?</b></p> <p>Please note, if you are NDIA-managed (agency-managed), Hatch Dietetics are currently unable to provide services to you. Our sincere apologies.</p>	<p><input type="checkbox"/> NDIA-managed</p> <p><input type="checkbox"/> Self-managed</p> <p><input type="checkbox"/> Plan-managed</p>
<p><b>Which funding category from your NDIS plan are you seeking to use for dietetic services?</b></p>	<p><input type="checkbox"/> Capacity building - Improved health and wellbeing</p> <p><input type="checkbox"/> Capacity building – Improved daily living</p> <p><input type="checkbox"/> Core – Daily life – Health supports</p> <p><input type="checkbox"/> Capacity Building ECI - Other therapy</p>
<p><b>How much budget are you wanting to allocate to work with Hatch Dietetics?</b></p> <p>Note, a minimum of \$950/5 hours (+travel) is required to commence services.</p> <p>Please get in contact to discuss your needs if you do not have this budget available.</p>	<div style="background-color: #cccccc; height: 100px;"></div>
<b>Referrer and contact information</b>	
<p><b>Who is completing this referral?</b></p>	<p><input type="checkbox"/> Me/participant</p> <p><input type="checkbox"/> Caregiver (e.g. parent, guardian)</p> <div style="background-color: #cccccc; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Support Coordinator/Specialist Support Coordinator</p> <p><input type="checkbox"/> Other:</p> <div style="background-color: #cccccc; width: 100%; height: 20px;"></div>
<p><b>If you are referring on behalf of a participant, please provide your contact details. If you are self-referring, please go to the next question.</b></p>	<div style="background-color: #cccccc; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #cccccc; width: 100%; height: 20px;"></div>
<p><b>Who should we contact to arrange or discuss services?</b></p>	<p><input type="checkbox"/> Me/the participant</p> <p><input type="checkbox"/> Caregiver (e.g. parent, guardian)</p> <div style="background-color: #cccccc; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Support Coordinator/Specialist Support Coordinator</p> <p><input type="checkbox"/> Other:</p> <div style="background-color: #cccccc; width: 100%; height: 20px;"></div>

<b>Details about the service</b>	
<b>Are you willing/able to accept a service that is mostly/all delivered to you online? (Note, home visits may be conducted where available and necessary to support you to meet your goals)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm unsure. Let's talk further
<b>Additional information about your referral</b>	
<b>Please provide any additional information that you feel that we should know about to help us to work together</b>	

Please save this form and then email it as an attachment to [info@hatchdietetics.com.au](mailto: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](mailto:info@hatchdietetics.com.au). We will get in touch with you to offer our support.