



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? (it is helpful if you tell us about yourself - your goals, your interests, your abilities, any challenges that you experience, your NDIS diagnosis)	
How do you/the participant best communicate?	<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) <input type="text"/>
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="text"/> <input type="checkbox"/> No

Participant funding information	
<p>How is the funding category that you are seeking to use for dietetic services managed?</p> <p>Please note, we are not able to provide services to participants who have NDIA-managed funds</p>	<p><input type="checkbox"/> Self-managed</p> <p><input type="checkbox"/> Plan-managed</p>
<p>Which funding category from your NDIS plan are you seeking to use for dietetic services?</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>How much budget are you wanting to allocate to work with Hatch Dietetics?</p> <p>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.</p>	<div style="background-color: #cccccc; height: 100px;"></div>
Referrer and contact information	
<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>	<div style="background-color: #cccccc; height: 100px;"></div>
<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)</p> <p><input type="checkbox"/> Support Coordinator/Specialist Support Coordinator</p> <div style="background-color: #cccccc; height: 80px; margin-top: 10px;"></div>
Details about the service	
<p>Are you willing/able to accept a service that is delivered to you online via telehealth?</p> <p>Note, home visits may be offered where available and necessary to support you to meet your goals</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I'm unsure. Let's talk further</p>

Additional information about your referral	
Please provide any additional information that you feel that we should know to help us to work together	

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.