

## NDIS 'Request for Services' form

Hatch Dietetics is able to provide services to NDIS participants who have relevant self-managed or planmanaged 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 can include:	
Your goals, your interests, how you best	
communicate, any challenges that you	
experience, any medical or other diagnoses)	
Participant date of birth	
Participant gender	
Participant email	
Participant phone number	
Participant home address	
NDIS reference number	
NDIS plan start date	
NDIS plan end date	
Guardian contact details (if applicable) Please include name, email and phone number	
Participant funding information	
How is the funding category that you are seeking to use for dietetic services managed?	Self-managed
Please note, we are not able to provide services to participants who have NDIA-managed funds	☐ Plan-managed
If the funding category is plan-managed, please provide plan manager details: Plan manager name Address Contact details for invoicing	

Which funding category from your NDIS plan are you seeking to use for dietetic services?	Capacity building - Improved health and wellbeing (all ages)
	Capacity building – Improved daily living (>7 years)
	Capacity Building Improved Daily Living ECI (<7 years)
How much budget are you wanting to allocate to work with Hatch Dietetics?  Note, a minimum of \$969.95/5 hours (+travel) is required to commence services. This is due to needing to complete a thorough and individualised assessment with you, and the potential requirement for reporting. Please get in contact to discuss your needs if you do not have this budget available.	
Your preferred times for appointments Our working hours are:  Mondays 7:30am-8pm AWST  Wednesdays 10:00am-2:30pm AWST  Thursdays 9:30am-2:30pm AWST	
Are there any custody or guardianship arrangements in place?	Yes. Please provide a copy of your arrangements
	□ No
Referrer and contact information	
If you are a health care professional or support coordinator referring on behalf of a participant or family, please provide your contact details.  If you are self-referring or if you are the guardian of a participant and have already provided your details above, please go to the next question.	
Who should we contact to arrange or discuss services?	☐ Me/the participant ☐ Caregiver (e.g. parent, guardian) - details listed above ☐ Someone else. If so, please list contact details in the box belov
Service delivery consent	
Do you consent to receive a service that is delivered to you online via telehealth?  Note, home visits may be offered where available and necessary to support you to meet your goals	☐ Yes ☐ No/maybe. I would like to discuss home/community visits

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 <a href="mailto:info@hatchdietetics.com.au">info@hatchdietetics.com.au</a>.

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 <a href="mailto:info@hatchdietetics.com.au">info@hatchdietetics.com.au</a>. We will get in touch with you to offer our support.