## 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   |   |  |  |
|--|---|--|--|
| About the participant  |   |  |  |
| Participant name   |   |  |  |
| 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   |   |  |  |
| Your preferred times for appointments Our current working hours are:  Mondays 7:30am-5pm AEST  Wednesdays 10:00am-2:30pm AEST  Thursdays 9:30am-2:30pm AEST  |   |  |  |
| Are there any custody or guardianship arrangements in place?  If yes, please provide a copy of your arrangements and help us to understand how communication with all parties should occur, who appointments should occur with and who is responsible for directing NDIS funds | Yes. Please provide a copy of your arrangements |  |  |

| Participant funding information   |  |                 |                           |                    |  |
|---|--|-----------------|---------------------------|--------------------|--|
| How is the funding category that you are seeking to use for dietetic services managed?  Please note, we are not able to provide services  | ☐ Self-managed   |                 |                           |                    |  |
| to participants who have NDIA-managed funds   | ☐ Plan-manag   | ed              |                           |                    |  |
| If the funding category is plan-managed, please provide plan manager details: Plan manager name and 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) |                 |                           |                    |  |
|   | _  |                 | oved daily living ECI (<9 |                    |  |
|   | Capacity Bui   | lding Improv    | ed Daily Living (>9 year  | s)                 |  |
|   | Core supports - Disability-related health supports           |                 |                           |                    |  |
| What is the total budget from each category   | Capacity buildi  |                 | ed                        |                    |  |
| that you are seeking to allocated for services to Hatch Dietetics?  | health and wel   |                 | 1                         |                    |  |
| Tracer Dietection.  | Capacity buildi Daily Living                                 | ng: improve     | ea                        |                    |  |
|   | Core supports:   | Disability      |                           |                    |  |
|   | related health supports                                      |                 |                           |                    |  |
| Does your plan have funding periods listed?   | Yes  |                 |                           |                    |  |
|   | □No  |                 |                           |                    |  |
| Participant funding period information  |  |                 |                           |                    |  |
| (Complete this section if you have funding period   | ds in your NDIS  | plan)           |                           |                    |  |
| If you plan does have funding periods, listed, please list your funding periods and the funding you are                                   | Funding  | Funding         | Budget category           | Total              |  |
| allocating to Hatch Dietetics, including total budget   | period start<br>date   | period end date |                           | allocated<br>funds |  |
| allocated for the plan duration:  | E.g. 01/01/26  | 31/04/26        | Improved health and       | \$944.95           |  |
| If you would prefer to send a screenshot of your  |  |                 | wellbeing                 |                    |  |
| funding periods, please attach a copy with this email. We cannot proceed with your referral unless you                                    |  |                 |                           |                    |  |
| provide us with this information.   |  |                 |                           |                    |  |
| Note, if you are mid-way through your NDIS plan, you  |  |                 |                           |                    |  |
| may be able to rollover any unused funds for services   |  |                 |                           |                    |  |
| from previous funding periods.  |  |                 |                           |                    |  |
|   |  |                 |                           |                    |  |
|   |  |                 |                           |                    |  |
|   |  |                 |                           |                    |  |
|   |  |                 |                           |                    |  |
|   |  |                 |                           |                    |  |
|   |  |                 |                           |                    |  |

| Referral and contact information   |   |  |  |  |
|--|---|--|--|--|
| 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 in the Hobart/Kingston (TAS) area 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.