

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	
About the participant	
Participant name	
Please tell us why you would like to work with a Dietitian at Hatch Dietetics? <i>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</i>	
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) <i>Please include name, email and phone number</i>	
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? <i>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</i>	☐ Yes. Please provide a copy of your arrangements ☐ No

[illegible]

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>	☐ Self-managed ☐ Plan-managed	
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) ☐ Capacity building – Improved daily living ECI (<9 years) ☐ Capacity Building Improved Daily Living (>9 years) ☐ Core supports - Disability-related health supports	
What is the total budget from each category that you are seeking to allocated for services to Hatch Dietetics?	Capacity building: Improved health and wellbeing	
	Capacity building: Improved Daily Living	
	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 periods in your NDIS plan)

[illegible]

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 below

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 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.