



## Participant Intake Form

Please return the completed form to Kane Community Services via:  
Email: [support@kanecommunityservices.com.au](mailto:support@kanecommunityservices.com.au)  
For enquiries, contact us at 0403 133 389 or the above email address

Date:     /     /

Personal Details			
Surname :	Given name(s):	Sex: (Male / Female / Intersex / Indeterminate / Prefer not to say)	
Are you an Aboriginal or Torres Strait Island descent? Yes / No			
Preferred name:		Date of Birth:	
Residential Address Details		Postal Address Details	
Number / Street:		Number / Street:	
State:	Postcode:	State:	Postcode:
Contact Details			
Name:	Contact No:	Email address:	
NDIS Information			
NDIS Number:		Plan review date:	
NDIS Plan Start Date:		NDIS Plan End Date:	
Funding: Plan managed / Self-managed / NDIA managed / Other : _____			
Are you registered with another NDIS provider? Yes / No If 'Yes' please Specify the service you are receiving and contact details (if applicable):			
Services Requested (e.g., in-home support, community participation, therapy):			

Background / Areas of Focus / What are you wanting to achieve with us?			
Advocate / Representative / Nominee Details (If applicable)			
Surname :		Given name(s):	
Relationship with participant:			
Phone No:		Mobile No:	
Email:			
Address Details:			
Postal Address Details:			
Other Information			
Main language spoken at home:		Is a language Interpreter required? Yes / No	
<p>Are there any cultural, communication or requirements that need to be considered when delivering services?          No / Yes please describe: _____</p> <p>If 'yes', please complete the following:</p> <ul style="list-style-type: none"> <li>- Verbal communication or spoken language - Is an interpreter needed? No / Yes Language: _____</li> <li>- Cultural values / beliefs or assumptions: _____</li> <li>- Cultural needs for successful engagement: _____</li> </ul>			
Living and Support Arrangements			
What is your current living arrangement? (Please highlight the appropriate option)			
With Parent/Family/Support Person	Private rental - with others	Private rental - alone	
Aged Care Facility	Own home	Wellness Facility	
Public housing	Short Term Crisis/Respite	Staff Supported Group Home (SIL)	
Hostel/SRS Private Accommodation	Other, please specify		
Referring person		Contact information	

Thank you for taking the time to complete our participant referral form. We look forward to supporting you.