



## Intake Form

<b>Name*</b>	
<b>Address*</b>	
<b>Date of Birth*</b>	Click or type to enter.
<b>NDIS No.</b>	
<b>NDIS Plan Dates</b>	Start:
	Finish:
<b>Contact Person</b>	
<b>Phone #*</b>	
<b>Email</b>	
<b>Diagnosis</b>	
<b>Service Request</b>	Peer Recovery Coaching <input type="checkbox"/> Community Access <input type="checkbox"/> Daily Activities <input type="checkbox"/> Transport <input type="checkbox"/> Home Maintenance <input type="checkbox"/> Gardening <input type="checkbox"/> Cleaning <input type="checkbox"/>
<b>Goals/ Reason for Referral</b>	1. 2. 3.
<b>Identified Risks or Hazards</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:
<b>Special Requirements</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:
<b>Date and Location of Initial Visit</b>	___/___/20___ At: _____

<b>How Will Your Therapy Supports Be Paid? *</b>	<p><b>NDIS:</b> Which statement is written on your plan?</p> <p><input type="checkbox"/> NDIS will pay my support provider (in this case Peer Empowerment Support Services) directly for these supports. <i>(Agency-managed.)</i></p> <p><input type="checkbox"/> NDIS will pay me directly for these supports. I will then pay the invoice that Peer Empowerment Support Services sends to me, within 7 days. <i>(Self-managed.)</i></p> <p><input type="checkbox"/> NDIS will pay my plan management agency directly for these supports. Peer Empowerment Support Services should send invoices to my plan management agency and they will then pay Peer Empowerment Support Services. <i>(Plan-managed.)</i></p> <p>The details for my plan management agency are:</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>Contact Name: _____</p> <p>Contact Number: _____</p> <p>Email Address: _____</p>
<b>How Did You Hear About Us?</b>	<p><input type="checkbox"/> <b>PRIVATE:</b></p> <p>Contact Name: _____</p> <p>Address: _____</p> <p>Email Address: _____</p> <p>Contact Number: _____</p>
<b>Amt of Funding to Be Used</b>	<p>Facebook <input type="checkbox"/></p> <p>Family/Friend <input type="checkbox"/>                      Google <input type="checkbox"/>                      Flyers <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If Other, please provide details:</p>
<b>Permission to Attach NDIS Plan</b>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>

\* Required Fields