



## Participant Intake Form

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 Start Date:	NDIS End Date:		
Funding: Plan managed / Self-managed / NDIA managed / Other : _____			
Are you registered with another NDIS provider? <b>Yes No</b> If 'yes', please Specify the service you are receiving and contact details (if applicable):			
Services Requested			
Positive Behaviour Support		Occupational 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?  <b>No / Yes</b> please describe: _____</p> <p>If <b>'yes'</b>, please complete the following:</p> <ul style="list-style-type: none"> <li>- Verbal communication or spoken language - Is an interpreter needed? <b>No / Yes</b> 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	

<b>Referring person</b>		<b>Contact information</b>	
-------------------------	--	----------------------------	--