

# Wolfpack Support Services – NDIS Client Intake Form

Date of Inquiry: \_\_\_\_\_

## 1. Client Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Address: \_\_\_\_\_
- Preferred Contact Method: ☐ Phone ☐ Email ☐ SMS

## Enquiry Made By:

☐ Client ☐ Family Member ☐ Support Coordinator ☐ Other: \_\_\_\_\_

- If not the client, please provide your name and relationship:
  - Name: \_\_\_\_\_
  - Relationship to Client: \_\_\_\_\_
  - Contact Number: \_\_\_\_\_

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## 2. NDIS Details

- NDIS Participant Number (if comfortable sharing):  
\_\_\_\_\_
- NDIS Plan Type:
  - ☐ Self-Managed
  - ☐ Plan-Managed (Plan Manager: \_\_\_\_\_)
  - ☐ NDIA-Managed
- NDIS Plan Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- NDIS Plan Review Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Are you working with a NDIS Support Coordinator?
  - ☐ Yes (Name & Contact: \_\_\_\_\_)
  - ☐ No

• **What categories of funding do you have available for support?**

- ☐ Core Supports
- ☐ Capacity Building
- ☐ Psychosocial Recovery Coaching
- ☐ Other: \_\_\_\_\_

### 3. Support Needs & Goals

**What support are you looking for? (Select all that apply)**

- ☐ Psychosocial Recovery Coaching
- ☐ ASD-Specific Support
- ☐ Independent Living Skills
- ☐ Emotional Regulation Support
- ☐ Social & Community Participation
- ☐ Daily Living Assistance
- ☐ Goal Setting & Personal Development
- ☐ Other: \_\_\_\_\_

**What are your current challenges or key support needs?**

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**What are your goals for working with Wolfpack Support Services?**

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### 4. Current Support Network

- **Do you currently have other support providers?** ☐ Yes ☐ No
  - If yes, please list: \_\_\_\_\_
- **Do you have family or friends involved in your support network?** ☐ Yes ☐ No
  - If yes, who? \_\_\_\_\_
- **Would you like us to work alongside your current providers?** ☐ Yes ☐ No

## 5. Preferences & Availability

- **Preferred Support Delivery:**
  - ☐ Face-to-Face
  - ☐ Online (Zoom)
  - ☐ Hybrid (Mix of both)
- **Location & Travel Preferences:**
  - ☐ I can travel to your office
  - ☐ I need home/community visits
  - ☐ Other: \_\_\_\_\_
- **Do you have any accessibility or special considerations?**
  - ☐ Yes (please specify): \_\_\_\_\_
  - ☐ No
- **Preferred Availability for Sessions:**
  - ☐ Weekdays
  - ☐ Weekends
  - ☐ Mornings
  - ☐ Afternoons
  - ☐ Evenings

## 6. Expectations & Next Steps

- **What do you expect from working with Wolfpack Support Services?**  
\_\_\_\_\_  
\_\_\_\_\_
- **Would you like to book an initial consultation?** ☐ Yes ☐ No
- **Additional Notes or Anything Else We Should Know?**  
\_\_\_\_\_  
\_\_\_\_\_

### Next Steps:

- ✓ We will review your inquiry and contact you within 48 hours to discuss your needs.
- ✓ If we proceed, we will book an initial session to further understand how we can support you.