We Care for You pty ltd - Referral Form

1. **Participants Details:**

|  |  |
| --- | --- |
| Given Name(s): | Surname: |
| Address: | NDIS No:  NDIS Plan dates:  Copy of plan: |
| Date of Birth: | Phone: |
| Email: | Interpreter required:  Language: |
| Living Arrangements:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Contact Person Name:  Address: Phone:  Email: Relationship to Participant: | |
| Does the Participant Identify as Aboriginal or ATSI or Other:  Medical Conditions:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  History or current use of Substances:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. **Referrer Details:**

|  |
| --- |
| Name: Organisation:  Phone: Email:  Role: |

1. **Brief History of Participant**

|  |
| --- |
| History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deescalating strategies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Details Of Disability**

|  |  |
| --- | --- |
| Diagnosis: |  |
| Verbal/ Non-Verbal: |  |
| Behaviour Concerns: |  |
| Mobility: |  |
| Other Information: | |

1. **Hobbies and Interests of Participant:**

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

1. **Requested Supports**

|  |  |
| --- | --- |
| Support to be provided: | 1. |
| 2. |
| 3. |
| Service 1:  Service 2:  Service 3:  Other: | |

1. **Payments**

|  |
| --- |
| Who is responsible for paying the account? (Please select one)  □ Self-Managed  □ Participants Nominee  □ Registered Plan Management Provider  Name of plan Management provider:  Participant / Nominee / Providers name for the account:  Phone:  Email address: |

1. **Additional Information**

|  |
| --- |
|  |

1. **Person Completing this form**

Please fill out and sign the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise - We care for you pty ltd to start using the information provided in creating a service agreement in this form and to store this information.

Please note: all information gathered in this referral form will be used to form part of the We Care for You pty ltd – Service Agreement. If the service agreement accepted this document will be securely destroyed after 30 days.

**The service agreement Must be signed Prior to any services being provided.**

Carer’s signature

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants signature

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We Care For you pty ltd representative:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Office Use ONLY** |

**Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Service Agreement Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_ Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**