



New Referral information

Referrer name:

Participant name:

Date of birth:

Contact Number:

Gender: Male

Female

NDIS Number:

Service Delivery requested:

The following questions help us to develop your supports with you:

Summary of supports being requested e.g. in home support, Supported Independent Living, Positive Behaviour Support, Support Coordination, Specialist Support Coordination:

Does the participant have NDIS plan/funding?

Yes

No

Please select from:

SIL

CORE

CAPACITY BUILDING

NOT SURE

Services being requested/ hours per day/week:

Do you attend regular day activities such as work, day options, community participation, school?

Yes

No

If yes, how many days/hours week:

What is your Diagnosis?

Intellectual disability

Physical disability

Autism

ABI

Psychosocial

Other

Is there a current Positive Behaviour Support Plan in place?

Yes

No

Are there any Restrictive Practices in place?

Yes

No

If so are they:

Environmental

Chemical

Mechanical

Unknown

How would you/the participant like us to communicate:

- Verbal
- Non verbal
- Sign language
- Other

Medical History/Diagnosis that assists us in supporting you/the participant:

Will we be administering medications? Yes No

Do you/does the participant use any mobility equipment or assistive technology? Yes No

If yes, please specify:

Home information

Is the participant registered with Community Housing? Yes No

Is the participant SDA registered? Yes No

Is the participant currently living in the home? Yes No

Are they looking for new accommodation? Yes No

The suburb in which the support will be provided:

Who else lives in the home? (e.g. family, friends or other SIL participants)

Staffing profiles

This helps us to determine what staff you would like

Do you have a preference for your support worker?

Gender: Male Female

Approximate age group:

Any cultural concerns to take into consideration:

Once completed, please email to the Service Development Coordinator: s.young@clo.org.au

Office use:

Continue to on boarding: Yes No

Department: Operations Clinical

Regional Manager/Manager:

Notes: