



New Referral information

Participant name:

Contact Number:

Date of birth:

Gender:

Male

Female

Not Specified

Contact Person:

Relationship:

Contact Number:

Email:

Service Delivery requested:

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

Summary of supports being requested e.g. in home support, Mid-range Support, Supported

Independent Living, Positive Behaviour Support, Support Coordination, Specialist Support Coordination:

Do you have NDIS plan/funding?

Yes

No

NDIS number:

What funding do you have in your plan?:

SIL

CORE

CAPACITY BUILDING

NOT SURE

Other services being received:

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

Yes

No

If yes, how many days/hours week:

How many annual hours?

What is your Diagnosis?

Intellectual disability

Physical disability

Autism

ABI

Psychosocial

Other

If other, Please give a short description:

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

Physical

Seclusion

How do you prefer to communicate:

Verbal

Non verbal

Sign language

Other

If other, please give preference:

Will we be administering medications?

Yes

No

Do you use any mobility equipment or assistive technology?

Yes

No

If yes, please specify:

Home information

Are you registered with Community Housing?

Yes

No

Are you SDA registered?

Yes

No

Are you currently living in a home?

Yes

No

Are you looking for new accommodation?

Yes

No

If so, what area?

The suburb and postcode 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

No Preference

Is there an approximate age group that you would prefer?:

Is there any cultural information or concerns to take into consideration:

Do you have any other information you would like to add:

Date form completed

Once completed, please email to: hello@clo.org.au