



New Referral information

Participant name:

Contact Number:

Date of birth:

Gender:

Male

Female

Not Specified

Contact Person:

Relationship:

Contact Number:

Email:

How did you hear about us?

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:

Does the participant 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 is the participant able to communicate:

- Verbal
- Non verbal
- Sign language
- Other

Will we be administering medications? Yes No

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 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?:

Any cultural concerns to take into consideration:

Date form completed

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

Office use:

Continue to on boarding: Yes No

Department: Operations Clinical

Regional Manager/Manager:

Notes: