Please send a copy of your completed referral and a copy of the NDIS plan to-

admin@sensitivesupportservices.com.au

**Ph. 0493 877 481**

**P*roviding a tailored and focused***

***approach to enable you to achieve your goals***

Referral Form

|  |  |
| --- | --- |
|  **First name:**  **Last name:**  | **NDIS Number:** **NDIS Plan Dates:**  |
| **Funding for Support Coordination: $****How many hours?** | **Primary Diagnosis:** **Secondary Diagnosis:** |
| **Client Address:**  | **Date of Birth:** |
| **Gender:**  | **Client Mobile:**  |
| **Client Landline:**  | **Client Email:**  |
| **CALD:** ***Are there any important traditions or rituals?*** **Aboriginal or TSI:** ***Are there any important traditions or rituals?*** **Preferred Language:** **Interpreter Required:**  |
| **Who is your Plan Manager?** **Company name and address:** **Contact Person:** **Phone:****Email Address:**  |
| **First Emergency Contact Name:** | **Relationship to Participant:** |
| **First Emergency Contact Number:** | **First Emergency Contact Email Address:** |
| **First Emergency Contact Address (if different from above):** |
| **Second Emergency Contact Name:** | **Relationship to Participant:** |
| **Second Emergency Contact Number:** | **Second Emergency Contact Email Address:** |
| **Second Emergency Contact Address (if different from above):** |
| **Who are your current providers and supports?****Please provide names, roles and contact details.** **1.****2.****3.****4.****5.****6.****Are you involved with any community groups or mainstream supports?****1.****2.****3.****4.** |
| **Do you have any informal support: *(family/friends to help)*****Who are they?****1.** **2.****3.** |
| **Are there any concerns or risks?** |
| **Alerts and Important Medical Information:** |
| **What are your goals and priorities? *These can differ from your ndis goals.*****What are your living arrangements?****What do you do during the day? (employment, day programs, etc)****Interests/hobbies/likes/dislikes:** **What is your preferred contact method – face-to-face, phone call, SMS, email?** |
| **Any other information that you would like to provide?** |
| **Completed by:**  |
| **Sign:** |
| **Date:**  |