**Referral – Support Coordination**

# Participant Information

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| Referral Date: |  |
| Participant Name (First/Last): |  |
| Address:  Suburb/Town/Postcode: |  |
| Telephone: |  |
| Preferred Method of Contact: |  |
| Email: |  |
| Gender/Pronouns: |  |
| D.O.B: |  |
| Participant NDIS Number: |  |
| NDIS Plan Dates: |  |
| NDIS Plan Attached: | Yes  If No, please attach plan goals |
| Management of Funds: | NDIA Agency  Self-Managed  Plan Manager |
| Confirmation of available funding in budget: | Yes Details: |
| Plan Manager (If applicable): | Name: Org:  Email: Ph: |
| Other Contact (If applicable): | Name: Org:  Email: Ph: |
| Referrer Name, Phone, & Email: |  |

# Responsible Person Information (if applicable)

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| **Responsible Person (if applicable):** |  |
| Address:  Suburb/Town/Postcode: |  |
| Telephone: |  |
| Email: |  |
| Level of Authority to Consent: | NDIS Plan Nominee  Legally Appointed Decision Maker  Parent/guardian of a child under 18 years |

Referral Details:

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| Disability/ Diagnosis: |
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| Support Coordination | |
| ☐ Capacity Building Support – Level 2 Coordination of Supports | ☐ Capacity Building Support – Level 3 Specialist Support Coordination |
| Additional Information: i.e. type of equipment, known triggers, risks, prior assessments, etc. (describe below or attach) | |
| Support providers you/the participant are currently working with:  GP details: | |