**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | **Identified Gender** |  |
| **Contact Number** |  | **Email** |  |
| **Home Address** |  | **Living Arrangements** | Please describe (with family/ independent/ group home/ etc): |
| **Diagnosis** |  | | |
| **Language Requirements** | Please describe (verbal/ non-verbal/ interpreter/ sign language/ device): | **Cultural Considerations** |  |

**PARENT/CARER/ADVOCATE/GUARDIAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  | **Email** |  | |
| **Contact Number** |  | **Person signing service agreement** |  | |
| **Relationship to Participant** |  | **Legal Guardian** | **YES** | **NO** |

**REFERRAL COMPLETED BY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Referral Date** |  |
| **Relationship to Participant** |  | **Contact Number** |  |
| **Referrer email** |  | **How did you hear about us?** |  |

**PLAN DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NDIS Number** |  | | **Plan Attached** | **YES** | | **NO** |
| **Plan Start Date** |  | | **Plan End Date** |  | | |
| **Support Coordinator**  (if different to above) |  | **Contact Number** |  | **Email** |  | |

**RISKS HAZARDS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are there any risks or hazards associated with the participant we should be aware of prior to initial appointment?** | | **YES** | **NO** |
| **Details** |  | | |

**AVAILABILITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please cross days/times/locations that are preferrable for you to assist with scheduling** | | | | | | |
|  | **MON** | | **TUES** | **WED** | **THURS** | **FRI** |
| **AM** |  | |  |  |  |  |
| **PM** |  | |  |  |  |  |
| **Meeting Location** | **Parkside** | | **Parafield** | **Home** | **School** | **Other** |
|  | | **A RISK ASSESSMENT WILL BE COMPLETED (VIA PHONE) PRIOR TO SCHEDULING ANY INITIAL HOME VISITS TO ENSURE THE SAFETY OF OUR STAFF.**  **ENVIRONMENTAL AND PARTICIPANT BEHAVIOUR RISKS WILL BE DISCUSSED WITH THE MOST SUITABLE PERSON.**  **WHERE RISKS ARE IDENTIFIED, SAFETY AND SUPPORT STRATGIES WILL BE DISCUSSED BEFORE PROCEEDING WITH SERVICES** | | | | |
| **Person to contact for**  **scheduling & number** | |  | | | | |

**SERVICE REQUIRED (COMPLETE ALL THAT APPLY)**

**POSITIVE BEHAVIOUR SUPPORT (PBS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How is the Plan Managed** | **Agency**  **Plan**  **Self** | | **Send Invoices to** |  | |
| **Accounts Number** |  | | **Accounts Email** |  | |
| **Budget Allocation** | **Improved Relationships**  **11\_022\_0110\_7\_3**  Specialist Behavioural Intervention Support | **Hours** | | | **Allocated Funding Amount** |
|  | | |  |
|  | **Improved Relationships**  **11\_023\_0110\_7\_3**  Behaviour Management Plan | **Hours** | | | **Allocated Funding Amount** |
|  | | |  |
|  | **Improved Daily Living**  **15\_056\_0128\_1\_3**  Recommendation Report for PBS funding | **Approx. 7-10hrs** | | | **Maximum Funding req.** |
| **depending on complexity** | | | **$1939.90** |
| **Participant’s Needs/ Goals of Support**  (or attach plan) |  | | | | |

**PSYCHOLOGY/COUNSELLING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How is the Plan Managed** | **Agency**  **Plan**  **Self** | | **Send Invoices to** |  | |
| **Accounts Number** |  | | **Accounts Email** |  | |
| **Budget Allocation** | **Improved Daily Living**  **15\_054\_0128\_1\_3**  Psychology | **Session Frequency** | | | **Allocated Funding Amount** |
| **W / F / M / Other** | | |  |
|  | **Improved Daily Living**  **15\_043\_0128\_1\_3**  Counselling | **Session Frequency** | | | **Allocated Funding Amount** |
| **W / F / M / Other** | | |  |
|  | **Improved Daily Living**  **15\_054\_0128\_1\_3**  Psychological FCA | **Approx. 10-15hrs**  **depending on complexity** | | | **Maximum Funding req.** |
|  | | | **$2909.85** |
| **Participant’s Needs/ Goals of Support**  (or attach plan) |  | | | | |

**OCCUPATIONAL THERAPY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How is the Plan Managed** | **Agency**  **Plan**  **Self** | | | **Send Invoices to** | |  | | |
| **Accounts Number** |  | | | **Accounts Email** | |  | | |
| **Assessment Required** (tick all that apply, times differ for multiple assessments) | **Functional Capacity Assessment**  Approx. 10-15hrs depending on complexity | **Home Modifications Assessment**  Approx. 12-20hrs depending on complexity | | | **Assistive Technology Assessment**  Approx. 12-20hrs depending on complexity | | | **Other** |
| **Budget Allocation** | **Improved Daily Living**  **15\_617\_0128\_1\_3**  Occupational Therapy | | **Hours** | | | | **Allocated Funding Amount** | |
|  | | | |  | |
| **Participant’s Needs/ Goals of Support**  (or attach plan) |  | | | | | | | |

**SUPPORT COORDINATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How is the Plan Managed** | **Agency**  **Plan**  **Self** | | | **Send Invoices to** |  | |
| **Accounts Number** |  | | | **Accounts Email** |  | |
| **Budget Allocation** | **Support Coordination Level 3**  **07\_004\_0132\_8\_3** | | **Hours** | | | **Allocated Funding Amount** |
|  | | |  |
|  | **Support Coordination Level 2**  **07\_002\_0106\_8\_3** | | **Hours** | | | **Allocated Funding Amount** |
|  | | |  |
|  | **Psychosocial Recovery Coaching**  **07\_101\_0106\_6\_3**  ***(currently N/A)*** | **Hours** | | | | **Allocated Funding Amount** |
| ***(currently N/A)*** | | | | ***(currently N/A)*** |
| **Participant’s Needs/ Goals of Support**  (or attach plan) |  | | | | | |

**SOCIAL WORKER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How is the Plan Managed** | **Agency**  **Plan**  **Self** | | **Send Invoices to** |  | |
| **Accounts Number** |  | | **Accounts Email** |  | |
| **Budget Allocation** | **Improved Daily Living**  **15\_621\_0128\_1\_3**  Social Worker | **Session Frequency** | | | **Allocated Funding Amount** |
| **W / F / M / Other** | | |  |
| **Participant’s Needs/ Goals of Support**  (or attach plan) |  | | | | |

**PLEASE NOTE** Activ8 Mind’s short form privacy policy applies to personal information we collect and provides a concise overview of how we handle your personal information. Our complete [privacy policy](https://www.ato.gov.au/About-ATO/Commitments-and-reporting/In-detail/Privacy-and-information-gathering/Privacy-policy/) can be accessed on our website. We are bound by the Australian Privacy Principles (APPs) in the Privacy Act

We aim to collect personal information about you in a fair and lawful way.

We only use personal information for the purposes we collected it – for services delivered to you. Protecting your personal information is important to us. We safeguard your privacy and the security of your personal information by taking steps to protect the information we hold about you, from loss, unauthorised access, use, modification or disclosure and against other misuse.