

SUPPORT COORDINATION / PRC REFERRAL FORM FOR NDIS PARTICIPANTS

All sections of the referral form must be completed.

This referral is for:

- Psychosocial Recovery Coaching
- Support Coordination
- Specialist Support Coordination

1. Participant Details

| | | | |
|---|--|----------------------------|---------------------------------|
| Participant Name: | | | |
| Date of Birth: | | Gender: | Male, female, non-binary, trans |
| Phone: | | | |
| Email: | | | |
| Address: | | | |
| Country of Birth: | | | |
| Indigenous / Ethnicity | <input type="checkbox"/> Aboriginal, Torres Strait Islander <input type="checkbox"/> Not of indigenous origin <input type="checkbox"/> Other ethnicity (specify) _____ | | |
| NDIS Number: | | | |
| NDIS Plan Start Date: | | NDIS Plan End Date: | |
| NDIS Copy Attached | <input type="checkbox"/> Yes (If yes, please attach) <input type="checkbox"/> No | | |
| Behaviour Support Plan: | <input type="checkbox"/> Yes (If yes, please attach) <input type="checkbox"/> No | | |
| Living Arrangements: | <input type="checkbox"/> Alone <input type="checkbox"/> With Family <input type="checkbox"/> Other (please specify) | | |
| Who is the primary Contact? <input type="checkbox"/> NOK <input type="checkbox"/> Carer <input type="checkbox"/> Guardian | Name: | | |
| | Phone: | | |
| | Relationship: | | |
| | Other information: | | |

2. Referral Details

| | |
|---|---------------|
| Name: | Organisation: |
| Phone: | Email: |
| Role: <i>(please tick)</i> | |
| <input type="checkbox"/> Support coordinator <input type="checkbox"/> Professional <input type="checkbox"/> Family member | |
| Other: (please specify) _____ | |

3. Diagnosis / Presenting Issues

Diagnosis:

(Please specify Disability / Medical/ Mental Health and other presenting issues)

Does the participant have any supports / services in place?

(Please specify known supports):

4. Reason For Referral

Requested areas of support:

Families' goals:

Family availability:

Funding allowance (hours available for Service Booking):

Other Services involved:

Risks for the participant in transitioning to WeSupportU?

5. Home Visit Screening Questions (for the safety of our staff, it is mandatory this section is completed in full)

| | |
|--|--|
| Is anyone at the client's property known to be aggressive or violent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you aware of there being firearms at the property? If yes, are they locked away securely? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you aware of any occupant having an infectious disease (i.e. Chicken pox/Shingles/Gastro, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you aware of any risks related to pets or animals on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does anyone in the house smoke? If yes, are they happy to refrain from smoking while the therapist's visits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the house easy to find/is parking available? If NO, please provide suggestions on where best to park: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any other factors we should be aware of visiting this client at home on our own? If YES, please describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Service Requested and Cost of Service

Psychosocial Recovery Coaching

- Is charged at: \$98.30 (weekday daytime 09.00 to 5pm) and in 15-minute blocks; work outside weekday daytime is charged at applicable rates as required.
- Charges are incurred for: visits, phone calls, emails and research.
- Is subject to change in line with NDIS price guides.

Support coordination

- Is charged at: \$100.14 and in 15-minute blocks.
- Charges are incurred for: visits, phone calls, emails and research.
- Is subject to change in line with NDIS price guides.

Specialist support coordination

- Is charged at: \$190.54; and in 15-minute blocks.
- Charges are incurred for: visits, phone calls, emails and research.
- Is subject to change in line with NDIS price guides.

Please note:

- *Session charge also includes time for admin & follow-up (as outlined in our service agreement)*

The kms and time: Please note if in home/at school or in the community:

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- *Travel each way will incur additional charges per kilometre and time allowance from the plan at the pricing detailed in the current NDIS pricing arrangements & price limits guide.*

7. Inclusive Service Needs

WeSupportU is an inclusive provider. We welcome referrals from all participants so please let us know if there are any considerations relating to culture, religion, values, beliefs and sexual expression that we can accommodate:

8. Payment Of Account

Who is responsible for paying the account? *(please tick)*

NDIS portal and

I authorise for WeSupportU to create a Service Booking for the hours nominated above.

Plan Manager *(if plan managed, please complete details below)*

Name of Plan Management Organisation: _____

Email for invoices: _____

Phone: _____

Self-managed *(if self-managed please complete details below)*

Name of person responsible for the account: _____

Email for invoices: _____

Phone: _____

9. Additional Information (if applicable):

10. Signature

Client/guardian declaration:

I consent to my information being provided to WeSupportU for the purposes of referral, service delivery and inclusion in de-identifying data reporting.

Full Name: _____ Date: _____

Signature of Client/Guardian: _____

I consent to the fees and charges outlined on this form and acknowledge that these might increase in line with any new NDIS charge rates. I will be advised of any increase by my allocated worker.

Full Name: _____ Date: _____

Signature of Client/Guardian: _____

Please note that the information provided above will assist WeSupportU to assess whether we are the appropriate agency to best meet the participants/ your needs. It does not guarantee automatic services provision.

It is WeSupportU policy that a signed Service Agreement is in place for all NDIS participants prior to commencement of service delivery. If the participant and WeSupportU staff agree to work together, a Service Agreement will be sent via email using PandaDoc document signing or will be bought for an in person signing during a first visit.

If a Service Agreement is subsequently received and the agreed role or cost of services differs to the above, our records will be updated to reflect the changes in the signed Service Agreement.

Please return completed form to: intake@wesupportu.com.au