

## SUPPORT WORKER / MENTOR REFERRAL FORM FOR NDIS PARTICIPANTS

All sections of the referral form must be completed.

This referral is for:

- Support Worker  
 Mentor

### 1. Participant Details

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

## 2. Referral Details

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

## 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:**

**Goals of service:**

**Important information to assist with successful service delivery:**

**Risks for the participant in transitioning to WeSupportU?**

**Other Services involved:**

<b><i>Service Name</i></b>	<b><i>Service Contact</i></b>	<b><i>Contact Details</i></b>
<b>Paediatrician</b>		
<b>Psychologist</b>		
<b>School</b>		

<b>Occupational Therapist</b>		
<b>Speech Pathologist</b>		
<b>Other (Please specify)</b>		

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

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

**6. Support Shifts Requested**

Day	Start time	End time	Estimated kms	Purpose
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Need for flexibility				

Support days requested per week: \_\_\_\_\_

**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. Cost of Service

The support fees for community & In-home support shifts are set out below:

Monday – Friday (Shift finishes at/before 8pm)	\$65.47 p/h
Monday – Friday (Shift finishes after 8pm)	\$72.13 p/h
Saturday	\$92.12 p/h
Sunday	\$118.78 p/h
Public Holiday	\$145.44 p/h
Travel (per km) - Activity based transport (as per NDIS pricing)	Travel time and Kilometres charged at current NDIS recommended rate
Travel to and from appointment (as per NDIS pricing for this service)	
<b>Peer mentoring services offered under Increased Social &amp; Community Participation are only offered and charged at:</b>	
<b>Monday – Friday (Shift finishing before 8pm)</b>	<b>\$74.63p/h</b>
Note: If service is requested outside of these times, fees will be charged at the rates listed for community & In-home support as outlined above.	
<p><b>Please note:</b></p> <p><b>** These fees may vary according to changes in the NDIS pricing arrangements. It is expected that participants keep themselves aware of these changes. By signing this agreement participants acknowledge that WSU can charge any increase in line with NDIA changes without then having to notify them.</b></p> <p><b>** All hourly rates are at a ratio of 1:1 rate for access to community social and recreational activities.</b></p> <p><b>** Each way travel time to and from an appointment is charged for each session unless negotiated otherwise (up to the maximum allowable under the NDIS pricing arrangement for this service)</b></p> <p><b>** Minimum working shift of 2 hours</b></p> <p><b>** An establishment fee of \$621.70 will be charged for participants utilising more than 20 hours of service per month.</b></p> <p><b>** We require 72 hours' notice of cancellation in order to avoid full payment for shifts.</b></p>	

**a. Payment Of Account**

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

**NDIS portal**

**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: \_\_\_\_\_**

**b. Additional Information (if applicable):**

### c. Signature

**NOTE:** This referral will be actioned by the Disability Support Work Team Leader who will be in contact to discuss your needs further. For services to commence, we will also require a signed service agreement. All WeSupportU support workers/mentors are charged at the NDIS level 1 rate or above (see fee schedule below).

#### 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](mailto:intake@wesupportu.com.au)