Aus Ability Connect

Ability. Belonging. Connection.

Australian Disability Care Support Pty Ltd

Referral Form

Refer a participant to Aus Ability Connect

Who this is for: Support coordinators, families, participants and health professionals

Registered NDIS provider | Registration ID 4-LI1PWXH | ABN 84 672 878 143
Phone 0468 310 158 | Email ausdisabilitycaresupport@gmail.com | www.ausabilityconnect.com.au

This document is available in other formats. Ask us for large print, a Word copy, or help to read it. Free interpreters: call TIS National on 131 450 and ask for us.

How to use this form

Click into each grey field and type, or print the form and write on it.

Email the completed form to ausdisabilitycaresupport@gmail.com, or use the referral form on www.ausabilityconnect.com.au.

Questions? Call 0468 310 158.

Please only include information the participant has agreed to share.

1. Consent

☐	The participant (or their nominee or guardian) knows about this referral and agrees to it.
☐	The participant agrees that Aus Ability Connect can contact them and the referrer about this referral.

2. Referrer details

Date of referral	Enter date
Referrer name	Enter name
Role / relationship to participant	For example support coordinator, parent, self
Organisation (if any)	Enter organisation
Phone	Enter phone
Email	Enter email

3. Participant details

Full name	Enter name
Preferred name	Enter preferred name
Date of birth	DD/MM/YYYY
Phone	Enter phone
Email	Enter email
Suburb and postcode	Enter suburb and postcode
Preferred contact method	Phone, email, SMS, through a nominee
Nominee, guardian or main contact (if any)	Name, relationship, phone
Lives with	For example alone, family, housemates

4. NDIS plan

NDIS number	Enter NDIS number
Plan start and end dates	Enter dates
Plan management	NDIA-managed, plan-managed or self-managed
Plan manager name and email (if any)	Enter details
Support coordinator (if not referrer)	Name, organisation, phone, email

5. Supports requested

☐	Personal care and daily living		
☐	Short Term Accommodation (STA) / Medium Term Accommodation (MTA) / shared living	☐	Community participation (one-to-one)
☐	Innovative community participation	☐	Group activities
☐	Life skills development	☐	Life transitions and daily planning
☐	Employment and study support (including SLES)	☐	Transport assistance
☐	Specialist Disability Accommodation (SDA)		

How often, preferred days and times	Enter details
Preferred start date	Enter date
Participant goals related to these supports	Enter goals

6. Communication and culture

Preferred language	Enter language
Interpreter needed?	Yes / No, and language
Communication needs or aids	Enter details
Cultural considerations (optional)	Enter details
Aboriginal and/or Torres Strait Islander (optional)	Aboriginal / Torres Strait Islander / Both / No / Prefer not to say

7. Health, safety and risk

Health needs relevant to support (for example medication or mealtime plans)	Enter details
Known risks or safety alerts (home or community)	Enter details
Behaviour support plan in place?	Yes / No / Unsure. If yes, practitioner details
Any restrictive practices used?	Yes / No / Unsure. If yes, please describe
Other providers and informal supports	Enter details

8. Documents attached (with consent)

☐	Relevant pages of the NDIS plan	☐	Recent reports or assessments
☐	Current support or care plans	☐	Behaviour support plan (if any)
☐	Other		

9. Anything else we should know

Other information	Enter details

Office use only

Date received: _____ Received by: _____

Contacted referrer on: _____ Intake meeting date: _____

Outcome: _____

We handle personal information under the Privacy Act 1988 and the Australian Privacy Principles. Read our privacy statement on our website or ask us for a copy.