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| **TURNING POINT SUPPORT- REFERRAL FORM** | |
| Participant’s full name |  |
| Preferred name |  |
| Gender | Male  Female  Rather not say  Other |
| Date of Birth |  |
| NDIS Number |  |
| Current NDIS plan dates |  |
| Primary Diagnosis |  |
| Participant address |  |
| Phone Number: |  |
| Email: |  |
| Is the participant culturally and linguistically diverse?  If yes; country of birth? |  |
| Do they require an interpreter? | Yes  No |
| Is the participant Aboriginal or Torres Strait Islander? |  |
| Representative name: (if  applicable) |  |
| Representatives relationship to participant (if applicable): | Advocate  Parent  Guardian  Other |
| Representatives contact  details: | Phone:  Email: |
| Preferred person to contact about this referral: |  |
| Other Relevant Contacts/  Emergency Contacts: |  |
| Have you had a Support  Coordinator or Recovery Coach previously? |  |
| Services already onboard: |  |
| Do you have a preference for Male or Female Support  Coordinator/  Recovery Coach? | Male  Female  No preference |
| Please attach the following to the  referral if possible: | NDIS Plan  Allied Health Reports  General medical reports  School or day program reports |

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| **FOCUS OF REFERRAL (Y/N):** | |
| Housing and Accommodation: |  |
| Employment/Study: |  |
| Education support: |  |
| Link with Allied Health (eg occupational therapist, physiotherapist): |  |
| Support in the Home. Link with Support Workers, Cleaners, Gardeners: |  |
| Community and Social Inclusion. Link with carer/support worker/mentor support: |  |
| Equipment/Assistive Technology: |  |
| Mental Health/Recovery Coaching: |  |

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| **FUNDING** | |
| Total hours/funding of Support Coordination and/or Recovery Coaching in Plan: |  |
| My Support Coordination/Recovery Coach budget is (please circle one): | NDIA Managed  Self Managed  Plan Managed  **Plan Managers name:**  **Plan Managers email address:** |

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| **SAFETY (Y/N)** | |
| Is anyone at your / the participants property, known to be aggressive or violent? |  |
| Does anyone at your/the participants property have a criminal history? |  |
| Does the participants have a behavioral support plan in place? Are there any behaviors of concern? |  |
| Are you aware of any firearms being stored at the property? |  |
| Are there any pets at the premises? |  |
| Are there any other factors we should be aware of? If YES, please  describe: |  |

*Please forward the completed referral form to*

[kate@turningpointsupport.com.au](mailto:kate@turningpointsupport.com.au)