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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 thereferral 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