|  |  |
| --- | --- |
| **Name** |  |
| **DOB** |   | **Gender** |  |
| **Address** |  |
| **Living Arrangement** |  Family |  Lives Alone |  Supported Accommodation |  Other |
| **Diagnosis/Disability** |  |
| **Preferred Communication** **(i.e. email, phone)** |  |
| **Cultural Considerations** |  |
| **Aboriginal or Torres Strait Islander** |  |

|  |  |
| --- | --- |
| **Referrer Name** |  |
| **Date of Referral**  |  |
| **Organisation** |  | **Phone** |  |
| **Email** |  |
| **Relationship** |  Parent / Person Responsible |  Guardian |
|  Support Coordinator |  Other |

|  |  |  |
| --- | --- | --- |
| **Funding source** |  NDIS |  WorkCover |
|  TAC |  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NDIS only****Plan Management Details** |  NDIA |  Plan ManagedPlease provide contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Self-Managed  |

|  |  |
| --- | --- |
| **Client ID/NDIS number** |  |
| **Plan Start Date** |  | **Plan End Date** |  |

|  |  |
| --- | --- |
| **Has another NDIS provider been involved with the current plan?** |  Yes No If yes, only specify the funding remaining below |
| **NDIS Support Category** | Improved Relationships - Specialist Behavioural Intervention Support (BIS)  |
| Funding amount |  | Hours |  |
| **NDIS Support Category** | Improved Relationships - Behaviour Management Plan (BMP) |
| Funding amount |  | Hours |  |
| **NDIS Support Category** | Improved Daily Living - Assessment, Recommendation, Therapy or Training: Psychology  |
| Funding amount |  | Hours |  |
| **TAC/Workcover/Other** |  |
| Funding amount |  | Hours |  |
| **Please provide a brief description of presenting issues and behaviours of concern for Behaviour Support.** |  |
| **What outcomes do you hope to achieve from the service?** |  |
| **Does the person have a Behaviour Support Plan?** |  Yes No  | **Date BSP completed** |  |
| **Are there Restrictive Practices in place?** |  Yes No  Unsure | **What is the expected timeframe for the commencement of service?** |  Within 1 week Within 2-4 weeks Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Please provide details of any restrictive practices being used** |  |
| **Within the past 12 months, has the person experienced:** | **None** | **2-3 times per month** | **2-3 times per week** | **Daily** |
| Injury to self  |  |  |  |  |
| Injury to others |  |  |  |  |
| Substance misuse |  |  |  |  |
| **Police/Criminal Justice History** |  Past History  Current order  NA |
| **History prior to 12 months** *(particularly for police/criminal justice contact)* |   |
| **Informal and Formal Supports***(list the people and services that are currently engaged with the participant)* |  |
| **Please return completed form and any relevant attachments to:** **brigeth.c@****thearkcoau.org**  |
| Relevant documents include:* Forensic history
* Diagnosis/medical report
* Medication treatment sheets
* Existing risk assessments
* NDIS plan
 | * Treatment reports
* Any previous plans
* Authority to release information
* Any active orders (family, treatment, court, etc)
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