|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 Managed  Please 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@**](mailto: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) | | | | | | |