

NDIS Referral Form

Participant Information	
Full Name:	
Date of Birth:	
NDIS Number:	
Phone:	
Email:	
Home Address:	
Primary Contact (if different from participant)	
Full Name:	
Relationship:	
Phone:	
Email:	
Emergency Contact	
Full Name:	
Relationship:	
Phone:	
Email:	

Referrer Details

Referrer Name:	
Organisation:	
Role:	
Phone:	
Email:	

NDIS Plan Details

Plan Dates:	
Plan Type:	<input type="checkbox"/> NDIA Managed <input type="checkbox"/> Plan Managed (Plan Manager: _____) <input type="checkbox"/> Self Managed

Support Budget Summary (optional)

e.g., Core – \$, Capacity Building – \$, Transport – \$_____

Requested Supports from Alternative Care Solutions ACT		
Supports Offered	Yes	Notes
Personal Care	<input type="checkbox"/>	
Domestic Assistance	<input type="checkbox"/>	
Community Participation	<input type="checkbox"/>	
Transport	<input type="checkbox"/>	
Daily Living Assistance	<input type="checkbox"/>	
Peer Mentoring	<input type="checkbox"/>	
Advocacy	<input type="checkbox"/>	
Group Programs	<input type="checkbox"/>	
Coordination with Other Services	<input type="checkbox"/>	
Non Face-to-Face Services	<input type="checkbox"/>	
Other (Please Describe)	<input type="checkbox"/>	

Support Details	
Times of Support Requested:	e.g., Monday, Wednesday 10:00am–2:00pm
Location(s) of Support:	
Participant's Goals (as per plan):	<p>Goal 1:</p> <p>Goal 2:</p> <p>Goal 3:</p>
Brief Disability / Diagnosis Overview:	
Relevant Support Needs / Behaviours / Safety Plans:	

Preferences

Preferred support worker gender:

- ☐ Male
- ☐ Female
- ☐ No preference

Cultural / Language Considerations:

Mobility / Access Needs:

Any other considerations (allergies, triggers, etc):

Acknowledgement: By signing below, the Participant (or authorised representative) agrees:

- ★ The above information accurately reflects their current NDIS Plan to the best of their knowledge;
- ★ This form may be stored securely by ACS ACT for service planning and delivery purposes;
- ★ Information contained herein will only be used in accordance with the Privacy Act 1988 (Cth).

Name of Person Providing Consent:

Signature:

Date: