



Referral/Intake Form

Referrer's first name _____

Referrer's last name _____

My Relationship with the person needing disability support _____

Referring organisation name _____

Phone Number _____

Email _____

Part 1: About the Client

Given Name _____

Family Name _____

Phone Number _____

Email _____

Gender: Male Female Other (please specify)

Date of Birth _____

Is the client high risk? Yes No

If there is risk, please provide details here

Address _____

NDIS Number _____

Does the client have language/communication barriers? Yes No

If yes, please provide details: _____

Does the client identify as Aboriginal or Torres-Strait Islander or both?

Aboriginal Torres Strait Islander No

What is their formal diagnosis? _____

What are their living arrangements (Group home, support accommodation, independent, family, etc)

Part 2: Client Funding Details

Plan start date _____

NDIS plan end date _____

How is funding managed? NDIA managed Self managed Plan managed Other



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Plan manager/funding details _____

Part 3: Context of Supports Required

Please share any additional information (ie. individual circumstances, urgency, etc)

Part 4: Additional Information

Does the client have a care/ support person? No Yes, the referrer Yes, specify here

Who is the best communications contact? The Referrer The Client The Carer, specified above

None, specify another person here _____

****Attach any supporting documentation****

Please select all that apply from the list below.

- NDIS Plan
- Behaviour Support Plan
- Risk Assessment
- Other (please specify) _____
- Medical Reports
- Incident Reports
- Safety Plan

Part 5: Declaration

I declare that to the best of my knowledge; the above referral and information therein is true and correct. I understand that failure to provide accurate information may impact the safety of staff and the ability for Jessie May’s to provide appropriate care to mutual clients.

Signed: _____

Given Name: _____

Family Name: _____

Date: _____