

CLASSY LIFE REFERRAL FORM



SECTION 1: PARTICIPANT INFORMATION

Participant's full name:		Date of birth:	
Other names: (if applicable)		Gender:	Male Female
Residential address:		Telephone Contact numbers:	H: W: M:
Postal address: (if different)			
Aboriginal Torres Strait Islander Neither		Country of birth:	
Interpreter required:	Yes No	Language spoken at home	
Has the Participant consented to this referral? Yes No			
NDIS Plan Approved?	Yes No Pending (waiting NDIS approval)	NDIS Plan number:	Plan Start date:
NDIS COS Details (where applicable)	Name:	Organization:	Contact details:
Primary disability: (please attach supporting documentation)			
Secondary disability			
Communication: (eg. verbal, sign etc)			
Mobility: (eg. Wheelchair, frame, unassisted)			
Mobility Aids Required:	Hoisting Assistive Devices Other		
Challenging behaviors (eg aggressive, absconding etc)			
Does the client have a current Positive Behavior Support Plan (PBSP)? Yes dated: _____ (please provide a copy) No		If No, is a PBSP required? Yes No	If Yes, has a PBSP review been requested Yes No
Type of Person Centered Supports the participant is currently seeking:		Supported Independent Living Community Access Psychosocial Support	STA, SDA, ILO, MT Community Nursing Care Support Coordination

SECTION 2: RATIO OF CARE

Ratio of Supports	Day: 1:1 1:2 1:3 Other
	Night: 1:1 1:2 1:3 Other Passive Active
	Community Access: 1:1 1:2 1:3 Other

SECTION 3: CURRENT COMMUNITY ACCESS/DAY SERVICE (what CA or Day Program activities are currently undertaken)

Monday (hrs/time) Activity:	Tuesday..... (hrs/time) Activity:	Wednesday (hrs/time) Activity.....
Thursday..... (hrs/time) Activity:	Friday (hrs/time) Activity:	Saturday (hrs/time) Activity:
Sun (indicate hours/times) Activity:.....		

Comment:

SECTION 4: SUPPORTING DOCUMENTATION

Copies of the following documents have been provided alongside this referral form:	PBSP Risk Assessment Person Centered Plan	Copy of NDIS Plan Communication Assessment	OT Assessment Other (provide details)
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SECTION 5: NDIS PLAN – CURRENT GOALS	
Goal 1:	
What are the barriers and how will they be overcome?	
Goal 2:	
What are the barriers and how will they be overcome?	
Goal 3:	
What are the barriers and how will they be overcome?	
Goal 4:	
What are the barriers and how will they be overcome?	
Goal 5:	
What are the barriers and how will they be overcome?	

SECTION 6: CONTACT DETAILS			
Participant/Parent/Guardian	Surname:		Given name:
Address:			
Phone:	Home:	Work:	Mobile:
Signature:		Date:	
Referrer Name (if different to above)		Organisation:	
Relationship to client:	Guardian	Coordinator of Supports	Other (provide details)
Postal Address:			
Contact email:		Phone:	
Signature:		Date:	

Please send the completed referral form to the following email address admin@classylife.com.au