

REFERRAL FOR SERVICES (NDIS)



Information for referrers:

- Referrals are reviewed fortnightly, and participants are placed on a waitlist
- The waitlist ensures that Veritable can provide high quality services to participants and clients, with caseload numbers carefully set to maintain the best service
- Additional information may be requested by Veritable upon receipt of the referral and if so, the participant is not placed on the waitlist until the information is received from the referrer
- Referrals are prioritised based on date received, acuity, need and risks to the participant and others
- Relevant factors taken into account including the participant’s age, support situation, any contact with the justice system (or risk of contact), and frequency and severity of issues arising
- Ensuring sufficient detail in referrals enables an informed assessment of the referral and priority on the waitlist – more information will assist the participant’s need to be properly considered

SERVICES	
<input type="checkbox"/> Positive Behaviour Support <input type="checkbox"/> Specialist / Support Coordination <input type="checkbox"/> Therapeutic Services <input type="checkbox"/> Early Childhood Early Intervention (Under 7 years)	
CLIENT DETAILS	
Name	
NDIS Participant #	
Date of Birth	
NDIS Plan End Date	
Primary Disability	
Contact Details	Address: Phone / House Phone:
Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, language:

NDIS Plan Type	<input type="checkbox"/> NDIA (Agency) <input type="checkbox"/> Self Managed <input type="checkbox"/> Plan Managed If applicable, Plan Manager: Plan Manager Contact Details:
REASON FOR REFERRAL	
Please provide detail about the current issues and concerns, relevant background, brief description of any behaviours of concern, frequency and severity of any behaviours of concern.	Please provide sufficient detail to assess the referral:
REPRESENTATIVE / GUARDIAN DETAILS	
Name	
Contact Details	Email: Phone:
Consent	Do you have consent from the participant or their representative for this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
REFERRER DETAILS	
Organisation	
Name	
Relationship to Participant	<input type="checkbox"/> Support Coordinator <input type="checkbox"/> Specialist Support Coordinator <input type="checkbox"/> Guardian / Representative
Contact Details	Email: Phone:
RISK ASSESSMENT	

New Participant – Risk Assessment Process	<p>Veritable will make contact with the person identified above for the 'first appointment'. Veritable will discuss the referral and how best to help the participant to have a safe and supported experience, prior to making contact with a new participant to the service.</p> <p>Following a service agreement being completed, Veritable will request a copy of previous assessment and reports relevant to the service being provided to assist in managing any risks to the participant and Veritable staff.</p>
First Appointment	<p>Who should be contacted to discuss the first appointment with the participant?</p> <p>Name:</p> <p>Relationship to the participant:</p> <p>Contact details:</p>
Location of Services	<p>Where would the participant like the service to take place?</p> <p><input type="checkbox"/> Home / SIL Residence</p> <p><input type="checkbox"/> Day Supports / School</p> <p><input type="checkbox"/> Workplace</p> <p><input type="checkbox"/> Veritable Office</p> <p><input type="checkbox"/> Other, please specify:</p>
Behaviours of Concern and Restrictive Practice	<p>Does the participant have current behaviours of concern?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, a copy of any current or previously completed behaviour support plan will be requested prior to contact with the participant.</p> <p>Does the participant have any restrictive practice in place?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown / Unsure</p>
Communication Preferences	<p>Does the participant have any impairments with communication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe</p> <p>Please note if the participant is verbal, non-verbal, hearing or vision impaired, speaks a language other than English, has unique signing, etc.</p>

Living Arrangements	<p>What are the participant's usual living arrangements?</p> <p><input type="checkbox"/> Supported Independent Living (SIL) or Aged Care Provide details:</p> <p><input type="checkbox"/> Family residence: Address:</p> <p><input type="checkbox"/> Hostel or other temporary accommodation: Address:</p> <p><input type="checkbox"/> Homeless / itinerant Best contact options:</p> <p><input type="checkbox"/> Other, please specify:</p>
Co-Tenants	<p>Does the participant have any co-tenants at their usual living arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide relevant details:</p>
Known Risks	<p>Please describe any other known risks relevant to initial assessment and contact with a new participant:</p>
Any Other Relevant Information	

Email completed form to:

admin@veritable.com.au