**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**

Positive Behaviour Support

Therapeutic Services (Social Work)

Specialist / Support Coordination

**CLIENT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| NDIS Participant # |  |
| Date of Birth |  |
| NDIS Plan End Date |  |
| Primary Disability |  |
| Contact Details | Address:  Phone / House Phone: |
| Interpreter Required | Yes  No  Unsure  If yes, language: |
| NDIS Plan Type  (for service requested) | NDIA (Agency)  Plan Managed  Self Managed  If applicable, Plan Manager contact details: |

REASO

**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 and to ensure appropriate triage of referrals.

|  |
| --- |
|  |

**NDIS PLAN GOALS**

Please copy and paste in the participant’s NDIS plan goals. This ensures that Veritable’s services align with the participant’s NDIS plan.

|  |
| --- |
|  |

**REPRESENTATIVE / GUARDIAN DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Contact Details | Email:  Phone: |
| Consent | Do you have consent from the participant or their representative for this referral?  Yes  No |

**REFERRER DETAILS**

|  |  |
| --- | --- |
| Organisation |  |
| Name |  |
| Relationship to Participant | Support Coordinator  Specialist Support Coordinator  Guardian / Representative |
| Contact Details | Email:  Phone: |

**RISK ASSESSMENT**

On completion of a service agreement, Veritable will make contact with the person identified above for the ‘first appointment’. Prior to making contact with a new participant, Veritable will discuss the participant’s needs on initial contact, including how best to help the participant to have a safe and supported experience. 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. The following risk assessment information is required as part of planning for safe intake and commencement of service for new participants to Veritable’s service.

**First Appointment**

Who should be contacted to discuss the first appointment with the participant?

Name:

Relationship to the participant:

Contact details:

**Location of Services**

Where would the participant like the service to take place?

Home / SIL Residence

Day Supports / School

Workplace

Veritable Office

Other, please specify:

**Behaviours of Concern and Restrictive Practices**

Does the participant have current behaviours of concern?

Yes  No

If yes, a copy of any current or previously completed behaviour support plan will be requested prior to contact with the participant.

Does the participant have any restrictive practice in place?

Yes  No  Unknown / Unsure

**Communication Preferences**

Does the participant have any impairments with communication?

Yes  No

If yes, please describe and note if the participant is verbal, non-verbal, hearing or vision impaired, speaks a language other than English, has unique signing, etc.

**Living Arrangements**

What are the participant’s usual living arrangements?

Supported Independent Living (SIL) or Aged Care

Details:

Family residence:

Address:

Hostel or other temporary accommodation:

Address:

Homeless / itinerant

Best contact options:

Other

Specify:

**Co-Tenants**

Does the participant have any co-tenants at their usual living arrangements?

Yes  No

If yes, please provide relevant details:

**Known Risks**

Please describe any other known risks relevant to initial assessment and contact with a new participant.

**Any Other Relevant Information**

As applicable.

**NEXT STEPS**

Please email completed form to [admin@veritable.com.au](mailto:admin@veritable.com.au)

Thank you for considering Veritable for the provision of high quality NDIS services. We will get back to you as soon as possible.

**Veritable Values Statement**

*We will show up, be present, respect you and deliver*

*with hope, integrity and purpose.*