	Form20.Participant Intake Form	
Doc No: Form44	Version No: 01	Version Date: 07/06/2024

Referrer and participant details

Referrer details			
Full name:		Organisation:	
Position title:		Address:	
Phone:		Email:	

Primary carer/ next of kin/ Advocate/ Guardian details (if required)			
Full name:		Relationship to person:	
Phone:		Email:	
Address:			

Reason for referral

☐ Behaviour Support ☐ Assessment and Behaviour Support Plan

☐ Assessment Recommendation Therapy or Training

Details of the person requiring NDIS support			
Full name:			
Preferred name:		Date of Birth:	
Phone:		Email:	
Address:			
Do you have a preferred gender and/ or pronoun?	☐ Male ☐ Female	☐ Do not wish to disclose ☐ Other – provide details below	
Are you an Aboriginal or Torres Strait Island descent?		☐ Yes ☐ No	
Copy of NDIS plan provided:		☐ Yes ☐ No	
NDIS information			
NDIS number:		Plan review date:	
NDIS start date:		NDIS end date:	
Funding type			
☐ **Self-Managed** (If selected fill in the below details)			

Person invoiced to:	
Relationship to participant:	
Person invoiced contact number:	
Person invoiced email:	
☐ **Plan Managed** (If selected fill in the below details)	
Provider name:	
Email:	
Contact no.:	
☐ **NDIA-Managed** ☐ Combination of any of the above, please select the applicable ones. ☐ Other (Please fill in the below details)	
Institute type:	
Email:	
Contact number:	

Disability conditions/ disability type(s)

Indicate what type of disability or disabilities this participant has including diagnosis e.g., autism, any background information (e.g. self-harm/ suicide/ homicide ideation or attempts) or urgent requests.

Primary diagnosis	**Physical disability**
Secondary diagnosis	**Other health concerns**

Culture and communication	
Is an interpreter needed?	☐ Yes ☐ No
Language:	
☐ Cultural considerations (specify):	

Safety considerations

Has the participant ever displayed physical aggression towards allied health professionals, medical personnel, or support staff?	☐ Yes, please specify	☐ No	☐ N/A
Has the participant ever been incarcerated in a prison, juvenile detention center, or forensic hospital due to a violent or sexual offense?	☐ Yes, please specify	☐ No	☐ N/A
Is the participant currently involved in the use of alcohol or drugs?	☐ Yes, please specify	☐ No	☐ N/A
Are there any identified risks associated with visiting the participant in their home?	☐ Yes, please specify	☐ No	☐ N/A
Is there a current Positive Behaviour Support Plan (PBS) in place?	☐ Yes	☐ No	☐ N/A
Does the Behavior Support Plan include any restrictive practices?	☐ Yes, please specify ☐ No ☐ N/A	☐ Chemical ☐ Environmental ☐ Mechanical ☐ Physical ☐ Seclusion	**Specify:**

Service funding allocation

Service fees are based on the price limit set out in the NDIS Pricing Arrangements and Price Limits Guide. The Participant/ Guardian/ Plan Nominee and Provider agree to provide the following support items:

Item number	Description	NSW VIC QLD ACT	Unit (hour)	Total amount of NDIS funding available per funding category
11_022_0110_7_3	**Specialist Behavioural Intervention Support** • Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. • Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices.	$252.99		
11_023_0110_7_3	**Behaviour Management Plan Including Training in Behaviour Management Strategies** • Training for carers and others in behaviour management strategies required due the participant's disability.	$252.99		
15_056_0128_1_3	**Assessment Recommendation Therapy or Training**	$193.99		
11_799_110_7_3	**Provider Travel – Non-Labour Costs** • For a vehicle owned by the provider or the worker, up to $0.99 a kilometre; and • For other forms of transport or associated costs, such as road tolls, parking, public transport fares, up to the full amount.	$0.99 p/km $1		
Total amount of funding available:				

Signatures

Referrer Name:	
Signature of Referrer:	
Date:	