



Request for Service – Coordination of Supports

Participant Details

Full Name			
Date of Birth		Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-described (please specify):		
Pronouns	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Their/Theirs		
Address			
Email Address			
Phone Number			
Do you/does the participant identify as part of the Gay, Lesbian, Bisexual, Transgender, or Intersex community?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Are you/is the participant from an Aboriginal or Torres Strait Islander background?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Are you/is the participant from a Culturally and/or Linguistically Diverse background?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

Contact Details

Referrer Details (if other than self)	
Name	
Relationship to Participant/Organisation	
Address	
Contact Number(s)	
Email Address	

Parents/Family/Informal Supports (e.g., house supervisor)	
Name	
Relationship to Participant	
Address	
Contact Number(s)	
Email Address	

Service Request Information	
NDIS Number	
NDIS Plan Dates	
Service Type Service category, line item number	<input type="checkbox"/> 07_002_0106_8_3 Level 2: Coordination of Supports <input type="checkbox"/> 07_004_0132_8_3 Level 3: Specialist Support Coordination <input type="checkbox"/> Other (please specify):
Funding Allocation/Hours Funded	
How will these supports be paid?	<input type="checkbox"/> NDIA (Myplace)
	<input type="checkbox"/> Plan Managed Plan Management Provider:
	<input type="checkbox"/> Self-Managed Invoices to be sent to:

Preferences	
Preferred method of contact to organise an initial consult	<input type="checkbox"/> Directly (client) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Via the following parent/family/support: _____ <input type="checkbox"/> Other (please specify):

Service Request Outcomes/Goals	
Purpose of Support / NDIS Goals	

Supporting Participant Information

Primary and Secondary Disability/Disabilities	
Formal Diagnosis of Mental Ill Health (if applicable)	
Physical Support Needs (i.e., equipment, etc.)	
Communication (i.e., communicates through sign, use of visuals, etc.)	
Family Support System	
Relationships (outside of family support system)	
Current Living Situation (i.e., family home, residential unit, etc.)	
Activities (programs, employment, respite, etc.)	
Current advocate/previous advocate involvement	
Recent changes or significant events (i.e., illnesses, bereavement, transitions, etc.)	
Experience (or witness) of personal trauma and/or abuse	
Other Information Is there anything else you would like the Support Coordinator to know? (e.g., medication, behaviours of concern, etc.)	

Approved: 03 July 2020	Approved by: CEO
Scheduled Review: 31 July 2022	Version Number: 2.1

Other Supports	
General Practitioner	Name: Date of last health check:
Mental Health Support	Name/Organisation: Date of last assessment:
Occupational Therapist	Name/Organisation: Involvement dates:
Speech Therapist	Name/Organisation: Involvement dates:
Behaviour Support	Name/Organisation: Involvement dates:
Other	Name/Organisation: Type of support:
	Name/Organisation: Type of support:
	Name/Organisation: Type of support:
	Name/Organisation: Type of support:
	Name/Organisation: Type of support: