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| --- | --- | --- | --- |
| Date of referral:  |  | Referred by:  |  |
| **CLIENT DETAILS** |
| Title: | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_ |
| Full Name: |  | Gender: | [ ] Male [ ] Female [ ] Non-Binary [ ] Other\_\_\_\_\_ (please specify) |
| Date of birth: | \_ \_ / \_ \_ / \_ \_ \_ \_ | Culture & Religion: |  |
| Residential address: |  |
| Phone Numbers Email: | Mobile: Home: Email:If the contact person isn’t participant, please specify: |
| Identifies as: | [ ]  Aboriginal [ ] Torres Strait Islander [ ] Other  |
| Health & Disability:  |  |
| Preferred communication method: |  | Can client use DocuSign? |  |
| Does the client have the ability to sign? |  | If no, please provide reason: |  |
| Who does the client nominate to sign on their behalf?  |  |
| Emergency contact: | Mobile: Home: Email:Relationship to participant:  |
| Client Interests: |  | Criminal/Justice System history: (PLEASE ANSWER) |  |
| **NDIS DETAILS** |
| NDIS Number: |  | NDIS Plan Dates:  |  |
| How to Claim: | [ ]  NDIA Managed  | [ ]  Self-ManagedEmail:  | [ ]  Plan ManagedPlan manager: |
| **LAC**/Local Area Coordinator details:  |  | **COS**/Coordinator of Supports details:  |   |
| Copy of NDIS plan: If no, please provide reason |  | Client’s goals as per NDIS plan: |  |

Please send this completed referral form to reception@clean-as.com.au

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| **NDIS SERVICES** |
| Domestic Assistance: Frequency & hours? | *Clients are to provide all cleaning products and equipment.* |
| Yard maintenance:Frequency & hours? |  |
| Community Access: Frequency & hours? |  |
| Meal Prep: Frequency & hours? |  |
| Personal Care:Frequency & hours? |  |