|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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-Managed  Email: | | Plan Managed  Plan 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](mailto:reception@clean-as.com.au)

|  |  |
| --- | --- |
| **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? |  |