Name of Participant: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. NDIS # Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Plan Nominee Name: Click or tap here to enter text.

Plan Nominee Contact Details: Click or tap here to enter text.

|  |
| --- |
| **Please provide as much information as possible on the following topics:** |
| What is the person’s current situation?  Click or tap here to enter text. |
| What are their NDIS goals?  Click or tap here to enter text. |
| What are their support requirements?  Click or tap here to enter text. |
| Details of their disability/impairment/s:  Click or tap here to enter text. |
| Are there any Mental Health diagnosis or history?  Click or tap here to enter text. |
| Is the person regulated under the Mental Health Act?  No  Yes 🡪  Voluntary Order  Involuntary Order |
| Are there any restrictive practices in place or being implemented?  No  Yes – add details:  Containment  Seclusion  Mechanical Restraint  Physical Restraint  Chemical Restraint  Environmental Restraint 🡪  2 Staff Required  Restricting access to object/s  Details: Click or tap here to enter text. |
| Does the person display behaviours of concern/behaviours of harm?  No  Yes – add details:  Verbal aggression & abuse  Impulsive or dangerous behaviour  Physical aggression or assault  Withdrawn behaviour  Threats to/or self-harm  Socially inappropriate behaviour  Destruction of property  Sexual behaviour  Other/Details: Click or tap here to enter text. |
| Is a ***Positive Behaviour Support Plan*** in place or being proposed?  No  Yes 🡪 Clinician Details: Click or tap here to enter text.  Can a ***Positive Behaviour Support Plan*** be provided for consideration?  Yes  No  N/A |
| Has the person lived in SDA or Supported Accommodation previously?  No  Yes 🡪 Details: Click or tap here to enter text. |
| If applicable, do they have the skills and ability to follow the House Rules?  Yes  No 🡪 Details: Click or tap here to enter text. |
| Is there a history of substance abuse, including alcohol?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Are there any identified risks?  No  Yes 🡪 Details: Click or tap here to enter text.  Can a ***Risk Assessment*** or ***Risk Management Plan*** be provided for consideration?  Yes  No |
| Is there a ***Transition Plan*** from a previous service that can be provided for consideration?  Yes  No |
| Is there a ***Functional Assessment*** or other type of report that can be provided for consideration?  Yes  No |
| Mobility Requirements?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Any medical diagnosis / conditions / co-morbidities?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Is medication administration or management required?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Known Allergies or Reactions?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Special dietary/nutritional requirement? Swallowing difficulties/dysphagia?  No  Yes 🡪 Details: Click or tap here to enter text. |
| Is there any informal support network?  Click or tap here to enter text. |
| Are there any cultural factors?  Click or tap here to enter text. |
| Is there existing community participation?  Click or tap here to enter text. |
| Is there any formal support network?  Click or tap here to enter text. |
| List all known previous support history:  Click or tap here to enter text. |
| Is a Public Guardian / Public Trust appointed by QCAT?  Click or tap here to enter text. |
| Type of Centrelink Payment / Source of Income?  Click or tap here to enter text. |
| Name of person providing the information on this form: Click or tap here to enter text.  Title/Position: Click or tap here to enter text.  Contact Phone & Email Address: Click or tap here to enter text.  Referring Organisation: Click or tap here to enter text. |

**Assessment will occur based on the information provided.**

**If approved, progression to a Meet & Greet or Intake & Onboarding Meeting will occur.**

***Please return this completed form for consideration to:***

**Lisa-Marie.Morales@last.care**