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/sDetails: 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details:[ ]  Verbal aggression & abuse [ ]  Impulsive or dangerous behaviour[ ]  Physical aggression or assault [ ]  Withdrawn behaviour [ ]  Threats to/or self-harm [ ]  Socially inappropriate behaviour[ ]  Destruction of property [ ]  Sexual behaviour[ ]  Other/Details: Click or tap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**