**Meraki Foundation – NDIS Referral**

Please submit all completed referrals to us at support@merakifoundation.org.au

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| **REFEREE DETAILS** |
| **Name:** |  |
| **Agency & Role** |  |
| **Phone:** |  |
| **Email:** |  |

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| **PARTICIPANT DETAILS** |
| **Full Name:** |  |
| **DOB:** |  | **Age:** |  | **Gender:** |  |
| **Residential address:** |  |
| **Phone:** |  |
| **Email:** |  |
| **ATSI:** |  |
| **Ethnicity:** |  |
| **Languages Spoken:** |  |
| **Disability Details:** | [ ]  Intellectual  | [ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Unknown |
| [ ]  Vision | [ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Unknown |
| [ ]  Autism | [ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Unknown |
| [ ]  Physical | [ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Unknown |
| [ ]  Hearing | [ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Unknown |
| [ ]  Other | [ ]  Mild [ ]  Moderate [ ]  Severe [ ]  Unknown |
| **Disability Diagnosis / Information:** |  |
| **Allergies:** |  |
| **Mental Health Concerns:** |  |
| **Behaviour Concerns/Risks:** |  |
| **Criminal History:** |  |
| **AOD:** |  |
| **Special Requirements:***(i.e. Kosher, Halal, number of staff required, etc.)* |  |
| **Participant Representative Details *(if applicable)*** |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Will the Representative sign Participants paperwork i.e., Service Agreement?** | [ ]  Yes [ ]  No |
| **Emergency Contact 1** |
| **Name:** |  |
| **Relation:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Emergency Contact 2** |
| **Name:** |  |
| **Relation:** |  |
| **Phone:** |  |
| **Email:** |  |

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| **SUPPORT AND FUNDING DETAILS** |
| **Category of Support to fund services – *please tick applicable categories*** |
| **CORE** | [ ]  0107 – Daily Personal Activities [ ]  0108 – Transport[ ]  0125 – Participation in Community, Social & Civic Activities |
| **Capacity Building** | [ ]  0116 – Innovative Community Participation [ ]  0117 – Development of Daily Living & Life Skills |
| **Plan Details** |
| **NDIS Number:** |  |
| **Participant Consent to Share Plan:** | [ ]  Yes | [ ]  No |
| **Plan Start Date:** |  | **Plan End Date:** |  |
| **Funding Type** | [ ]  Plan managed | [ ]  Self-managed |
| **Agency Managing Plan:** |  |
| **Person Managing Plan Contact Email:** |  |
| **Preferred Start Date of Support/s:** |  |
| **Support Schedule** – *please write times/frequency of support under the required day***Note:** Meraki Foundation has 2-hour minimum engagement |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |
| **What are the participants goals outlined in their NDIS plan?** |
|  |
| **What would you like Meraki Foundation to address during service provision?***i.e. motivation to engage in education or workforce, develop social skills, impulse control, consequential thinking, participation in pro-social leisure activities etc.* |
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| **Specific Requirements***i.e., triggers, aided tasks, worker preference etc.*  |
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If you require assistance completing this form or have any questions, feel free to contact our team!

**Ph:** (02) 4606 2420

**E:** support@merakifoundation.org.au

If you are deaf, or have a hearing or speech impairment, contact us through the **National Relay Service**: Visit [www.relayservice.gov.au](http://www.relayservice.gov.au) and ask for the phone number you wish to contact.