**Meraki Foundation – NDIS Referral**

Please submit all completed referrals to us at [support@merakifoundation.org.au](mailto: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.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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](mailto: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.