



Referral Form

Please note that this document will be kept on our system for future reference even if you do not engage services with Disability Support NSW

Your information will remain private and confidential.

Referral Details			
Date of referral		NDIS number	
Participant Name		Date of Birth	
Plan Dates		Phone	
Email			
Address			
Do you have a Nominee/Carer or Public Guardian you would like us to communicate with? If yes, please provide name and contact details of Nominee/carers/OPG			
Name		Role	
Phone		Email	
Referrers Details			
Name		Role	
Phone		Email	

Reason for referral (highlight one or more)
Relocated to area <input type="checkbox"/> New NDIS participant <input type="checkbox"/> Participant has an existing service but is looking for new service <input type="checkbox"/> Participant has not given a reason <input type="checkbox"/> Looking for specialist service <input type="checkbox"/> Transferring from another provider <input type="checkbox"/>
What services have been requested? (highlight one or more)
Core Supports <input type="checkbox"/> Support Coordination <input type="checkbox"/> Specialist Support Coordination <input type="checkbox"/> Short-term accommodation <input type="checkbox"/> SIL <input type="checkbox"/> Capacity Building Support <input type="checkbox"/> Recovery Coach <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>
Please add any other information here including relevant disability and health information.

Goals			
Funding			
How is the participant's funding managed?	NDIA <input type="checkbox"/>	Plan <input type="checkbox"/>	Self-Managed <input type="checkbox"/> N/A <input type="checkbox"/>
If self-managed, who is responsible for payment of invoices? Add contact details.			
Administration			
Have the services requested been explained?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have wait times been explained (if any)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have participant details been passed on to the appropriate person for follow up			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this referral been followed up?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the person been onboarded?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Follow up notes:			
Person completing		Date completed	

Once completed and participant is proceeding with service, please mark this document as complete and upload to your filing system. Start the next process of intake such as completing service agreement and Consent Documentation.