**NDIS Referral Form 02 6651 2143**

**Referral details |**

|  |  |
| --- | --- |
| Date of Referral |  |
| Referral source  | Self ☐ | Relative/Friend ☐ | **OT ☐** | **NDIS ☐** | **Other ☐** |
| Referrer name | |  |
| Referrer contact number | |  |
| How did the participant hear about East Coast Accessibility Experts? |  |

**Particpant Information |**

|  |  |
| --- | --- |
| Participant Name  |  |
| Home address |  |
| Home tenure |  |
| Contact number |  |
| Email address |  |
| Date of Birth |  |
| NDIS participant number |  |
| NDIS plan management | ☐ Self-managed plan☐ NDIS/agency managed plan☐ Plan nominee | ☐ Plan management provider | |
| Planner/LAC name if applicable |  |
| Planner/LAC email if applicable |  |
| Is a copy of the participant’s current NDIS plan attached with this referral | Yes ☐ No ☐ |
| Other notes re plan/intake |  |

**NDIS service request**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description** | **NDIS support category** | **NDIS support category** |
| **☐** | Occupational Therapy Assessment | Therapeutic supports – individual assessment, therapy and/or training (includes assistive technology | 15\_048\_0128\_1\_3 |
| ☐ | Builder consultation | Home Modification – Consultation about home modification designs with builder | 06\_407\_0111\_2\_2 |

**Details of service/work requested |**

|  |
| --- |
|  |

**Safety and access information |**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there adequate parking available? | YES | ☐ | NO | ☐ |
| Are animals restrained? | N/A | ☐ | YES | ☐ | NO | ☐ |
| Is there mobile phone reception/signal at the participants home address?  | YES | ☐ | NO | ☐ |
| Are there any other access or safety issues to be aware of? | YES | ☐ | NO | ☐ |
| If yes, provide details  |  |

East Coast Accessibility Experts |Unit 12/Lot 5 Druitt Court, Coffs Harbour NSW 2450

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Builders Licence No. 1541C | [www.eastcoastaccessibility.org.au](http://www.eastcoastaccessibility.org.au)

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