



Participant Referral Form

Completed by (name):

Date:

Urgency of Referral			
Participant name		Preferred Name	
Gender Identity		Preferred Pronouns	
Age		Aboriginal or Torres Strait Islander?	
Religion		Culture	
Languages Spoken			
NDIS Number		NDIS Plan Dates	
Supports requested (SIL, SDA, STA, Community access, Behaviour Support, etc)			
Diagnosis and main areas of concern			
Do they have preferences for staff, housemates, or environment that need to be considered?			
Staffing ratio required.			





What are their likes/dislikes?		
Do they have an informal support network?		
NDIS and/or Personal Goals		
Current placement information	Dates of placement	Reason for Transition
	Details and Reason for placement:	
What are the person's strengths?		
Do they have communication challenges?		
Do they require assistance for personal care?		





<p>Guardianship or nominee? What type of guardianship is in place?</p>	
<p>Who is responsible for signing documents for this person?</p>	<p>Self <input type="checkbox"/></p> <p>Guardian <input type="checkbox"/></p> <p>Parent <input type="checkbox"/></p> <p>Nominee <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>Are there any legal orders in place that affect this person?</p>	
<p>Is there a history of contact with the justice system?</p>	
<p>Do they have a history of behaviours that are risky or harmful to themselves or others?</p>	
<p>Is there anything else you feel it would be important/helpful for us to know?</p>	





Contact Details			
Participant Phone:		Participant Email:	
Guardian/Nominee Name:		Guardian/Nominee Contact Number:	
Guardian/Nominee email:			
Referrer Name:		Relationship to participant:	
Referrer contact number:		Referrer email:	

Document Checklist			
Document	Date Sent/Requested	Date returned	ESS staff Initials
Referral form			
ESS consent to share form			
House profiles			
NDIS plan			

