

### Eligibility

- Under 65 years old
- Have a permanent, severe disability

Phone: 08 9797 8111  
Toll Free: 1800 779 000  
NDIS@swams.com.au

SWAMS Administration  
3/30 Wellington Street  
Bunbury 6230 WA

## About the team

The NDIS Access Team at SWAMS consists of Aboriginal staff including Remote Community Connectors (RCC) and an Evidence and Access coordinator. We provide a free, confidential and supportive service for individuals, families, carers and community to support access to the NDIS (National Disability Insurance Scheme).

## Client details

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
 Male  Female  Prefer not to identify Are you a SWAMS Client?  Yes  No Are you:  Aboriginal  TSI  Both  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Does the client require transport?  Yes  No (please list address if different): \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Secondary Support / Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Support requested

- Planning / Meeting Support  Plan Coordination Support

Please give us some information about your disability or support needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who is your regular GP? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Referral details

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Consent

By signing this referral, you confirm that the client has provided written or has verbally agreed to be contacted by the NDIS Access Team.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Please email completed referral to: NDIS@swams.com.au