

Referral Form - NDIS Provider Team

Eligibility

- NDIS participant, with NDIS plan and
- Have a permanent, severe disability

Phone: 08 9797 8111

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SWAMS Administration

3/30 Wellington Street

Bunbury 6230 WA

About the team

Our NDIS Provider Team can help the participant if they have a current NDIS plan.

Our NDIS team can deliver supports to participants and/or connect them to services that can help.

Participant details

Full Name: _____ Date of birth: ____ / ____ / _____ Age: _____

Male Female Identifies as other

Participant is: Aboriginal TSI Both

Address: _____ State: _____ Postcode: _____

Phone: _____ Email: _____ Mobile: _____

Referrer details (if applicable)

Name of referrer: _____ Referral date: ____ / ____ / _____

Relationship to client: _____ Agency name: _____

Address: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

Referral details

Does participant have an NDIS plan? Yes No

Is participant currently receiving NDIS Services? Yes No

NDIS Number (if known): _____

What funding support has been included in the NDIS plan (If you know this information) Please indicate below:

CORE FUNDING	
<input type="checkbox"/> Assistance with daily life - Cleaner, yard maintenance, nursing, support worker	<input type="checkbox"/> Transport - Provider transport, taxi, public transport
<input type="checkbox"/> Consumables - Continence, bath seat, rails, ramps or low-cost AT	<input type="checkbox"/> Social and community participation - Support worker, mentor camps, group activities
CAPACITY FUNDING	
<input type="checkbox"/> Improved Daily Living - Therapy, Counsellor, speech, physio, OT, dietician, podiatrist	<input type="checkbox"/> Support Coordination - Implement, connect and coordinator all NDIS services
<input type="checkbox"/> Improved Health and Wellbeing - Personal trainer or dietitian	<input type="checkbox"/> Increased Social and Community Participation - Build independence & skills, mentoring, peer support
<input type="checkbox"/> Improved Relationships - Counselling, social worker, psychologist	<input type="checkbox"/> Finding and Keeping a Job - Assessment, SLES or Career planning
<input type="checkbox"/> Improved Learning - Support to attend Tafe or Uni, study skills	<input type="checkbox"/> Improved Living Arrangements - Support to obtain or retain accommodation
CAPITAL FUNDING	
<input type="checkbox"/> Assistive Technology - Mobility equipment, specialised beds or mattress, vehicle Modification, communication devices, specialised transfer and movement equipment.	<input type="checkbox"/> Home Modifications - Home Access and Mobility, Bathroom kitchen modifications. Specialised Disability Accommodation (SDA)

Consent

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

Signed: _____ Date: ____ / ____ / _____ Please email completed referral to: NDIS.provider@swams.com.au