

Client Intake Form



Referrer Details

Referrer: first name *

Referrer: Surname *

Email address *

Phone number *

Relationship to participant *

If other, please describe

Participant Details

Participant: NDIS/NDIA number *

Participant: first name *

Participant: Surname*

Participant: Preferred first name

Email address*

Phone number*

Date of birth*

Residential address*

Suburb/ Town*

State*

Postcode*

Preferred method of communication

Plan Details

Is your plan

Self managed Portal managed Using a plan management provider

If plan management provider, who is the provider?

ABOUT THE PARTICIPANT

Marital status

Participant living situation

Is the participant of aboriginal or torres strait islander descent?

Does the participant have a current behavioural support plan?

Hearing impaired interpreter required?

Language Interpreter required?

Languages spoken

Personal care - requires assistance with

- Shower/Bath
- Toileting
- Grooming
- Dressing
- Other

Mobility

- Independent
- Assist
- Walking Stick
- Walking Frame
- Manual Hoist
- Shower Chair

If other, please describe

Formal diagnosis - primary

Formal diagnosis - secondary

Other relevant information about the participant

Do you have any legal issues that may affect services?

(E.G. APPREHENDED VIOLENCE ORDER AVO)

Shifts

Preferred start date

Preferred Shifts days and times

If other, please describe

Shift requirements

What High Hopes services do you require?

- Plan Management (Financial Intermediary)
- Support Coordination
- Support Workers
- Accommodation Services (Supported Living)

List the type of support you need

- In-home support
- Community access
- Personal care
- Other

If other support is required, please describe