



Initial Intake Form – C1

NDIS Participant Details:

Family Name: Phone (home):
 Given Name(s): Phone (mobile):
 Date of Birth: Email:
 Sex: M F Address:
 NDIS Number:
 Start Date: End Date:

Attached a copy of NDIS Plan

Referrer Details:

Referrer: first name	Referrer: Surname
Email address	Phone number
Relationship to participant	<u>Other:</u>

Participant Details:

Participant: NDIS 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
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Attach NDIS Plan (or relevant section of the plan)

Plan Details

Is your plan

- Self managed Portal managed Using a plan management provider

If a plan management provider, who is the provider?

ABOUT THE PARTICIPANT

Is the participant of aboriginal or torres strait islander descent? Yes - No

If other, please describe

Does the participant have a current behavioural support plan? Yes - No

If yes, please attach the behavioural support plan

Hearing impaired interpreter required? Yes - No

Language Interpreter required? Yes - No

Is the participant of culturally and linguistically diverse background? Yes - No

Languages spoken

If other, which languages?

Personal care - requires assistance with?

Mobility

Formal diagnosis – primary

Formal diagnosis – secondary

Other relevant information about the participant

How did you hear about Grow Support Service Inc. (GROW)

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What services do you require?

<input type="checkbox"/> Support Coordination <input type="checkbox"/> Support Workers <input type="checkbox"/> Accommodation Services (Supported Living)	<input type="checkbox"/> In-home support <input type="checkbox"/> Community access <input type="checkbox"/> Personal care <input type="checkbox"/> Other
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If other support is required, please describe

Participant Intake Form Completed By:

Signature:

Date: