

Referral Form

Home & Living Specialist Service

Instructions:

Please complete this form and send it to specialists@housinghub.org.au. If you require assistance to complete this form or send it in, please contact the team on 1300 322 013

Name		D.O.B.	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Identifies as other <input type="checkbox"/>		
Address			
Town + State		Postcode	
Phone		Mobile	
Email			
Aboriginal or Torres Strait Islander origin	No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/>		
Other cultural/religious considerations	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		

Referrer details (if applicable)

Name of Referrer		Referral Date	
Relationship to client			
Organisation Name (if applicable)			
Phone		Email	

Referral Details

Do you currently have an NDIS plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How is your plan managed?	<input type="checkbox"/> Agency

	<input type="checkbox"/> Plan Please complete next question <input type="checkbox"/> Self
<p>If Plan Managed, what are your plan managers details:</p> <p>Organisation: Email: Phone:</p>	
<p>Are you currently receiving any support services from other organisations or agencies?</p>	<p>Yes <input type="checkbox"/> Please complete next question No <input type="checkbox"/></p>
<p>Please list (contact name, organisation, phone number):</p>	
<p>Do you currently have a Housing Related Goal in your NDIS Plan?</p>	<p>Yes <input type="checkbox"/> Please complete next question No <input type="checkbox"/></p>
<p>If yes, please provide further details:</p>	
<p>What funding support has been included in your plan? <i>Please tick the funding items that have been included if you know this information</i></p> <p><input type="checkbox"/> Home Modifications <input type="checkbox"/> Specialised Disability Accommodation (SDA) <input type="checkbox"/> Support Coordination <input type="checkbox"/> CB Improved Living Arrangements <input type="checkbox"/> Core Improved Living Options: Exploration and Design</p>	
<p>Do you have any of the following documents currently? <i>Please tick the items available and forward along with your referral</i></p> <p><input type="checkbox"/> NDIA Home and Living Decision Letter <input type="checkbox"/> Current NDIS Plan <input type="checkbox"/> Functional Capacity Assessment - OT <input type="checkbox"/> Functional Capacity Assessment - Psych <input type="checkbox"/> Behaviour Support Plan <input type="checkbox"/> Participant/Carer Impact Statement <input type="checkbox"/> Current SIL Roster of Care <input type="checkbox"/> Other (Please list):</p>	

What is the purpose of your referral?	
Description of current status and previous work in achieving your Home and Living Goal	

Next Steps:

Following the receipt of this referral form, you will be contacted by the Home & Living Specialist team to further discuss the referral and next steps in engaging with the service.



Scan the QR code to learn more about the Home & Living Services Team.