



**UConnEX**  
COMMUNITY SERVICES  
CARE\_CONNECT\_CHOICE\_CONTROL



# SUPPORTED INDEPENDENT LIVING

REFERRAL FORM

## SECTION 1: PARTICIPANT INFORMATION

Participant's full name

DOB

Other names (if applicable)

Gender

Male

Female

Residential Address

Telephone contact: (Home)

(Work)

(Mobile)

Postal Address (if different)

Aboriginal

Yes

No

Torres Strait Islander

Yes

No

Neither

Yes

No

Country of Birth

Interpreter required

Yes

No

Language spoken at home

Has the participant consented this referral?

Yes

No

NDIS Plan Approved?

Yes

No

Pending

(With NDIS approval)

NDIS Plan number

Plan start date

NDIS COS Details (Name)

(Org)

(Contact details)

Primary disability

Secondary disability

## SECTION 1: PARTICIPANT INFORMATION (Cont.)

Communication (e.g verbal, sign etc.)

Completed and attached

Not available

Occupational Therapy Assessment

Completed and attached

Not available

Mobility: (e.g Wheelchair, frame, unassisted)

### Challenging behaviour (e.g aggressive, absconding etc.)

Does the client have a current Positive Behaviour Support Plan (PBSP)?

Yes, dated:  (Please provide a copy)

If YES, has a PBSP review been requested?  Yes  No

No If NO, is a PBSP required?  Yes  No

## SECTION 2: RATIO OF CARE

### Ratio of Supports

Day :

1:1  1:2  1:3  Other

Night :

1:1  1:2  1:3  Other   
 Passive  Active

Community Access :

1:1  1:2  1:3  Other

## SECTION 3: Current Community Access/Day Service

(what CA or Day Program activities are currently undertaken)

<input type="radio"/> Monday	<input type="text"/> (hrs/time)	Activity : <input type="text"/>
<input type="radio"/> Tuesday	<input type="text"/> (hrs/time)	Activity : <input type="text"/>
<input type="radio"/> Wednesday	<input type="text"/> (hrs/time)	Activity : <input type="text"/>
<input type="radio"/> Thursday	<input type="text"/> (hrs/time)	Activity : <input type="text"/>
<input type="radio"/> Friday	<input type="text"/> (hrs/time)	Activity : <input type="text"/>
<input type="radio"/> Saturday	<input type="text"/> (hrs/time)	Activity : <input type="text"/>
<input type="radio"/> Sunday	<input type="text"/> (hrs/time)	Activity : <input type="text"/>

Comment :

## SECTION 4: SUPPORTING DOCUMENTATION

Copies of the following documents have been provided:

- |  |   |
|--|---|
| <input type="checkbox"/> PBSP                    | <input type="checkbox"/> Copy of NDIS Plan        |
| <input type="checkbox"/> Risk Assessment         | <input type="checkbox"/> Communication Assessment |
| <input type="checkbox"/> Person Centred Plan     | <input type="checkbox"/> OT Assessment            |
| <input type="checkbox"/> Other (provide details) | <input type="text"/>                              |

## SECTION 5: NDIS PLAN - CURRENT GOALS

**GOAL 1 :** What is your short-term goal? Any barriers for you to achieve this goal?

**GOAL 2 :** What is your medium-term goal? Any barriers for you to achieve this goal?

**GOAL 3 :** What is your second medium-term goal? Any barriers for you to achieve this goal?

**GOAL 4 :** What is your long-term goal? Any barriers for you to achieve this goal?

## SECTION 6: RENT/BOARDING OPTIONS (please select required option)

Rent (includes 25% of your DSP, plus 100% of your remote, energy and rental assistance income) \$

Boarding ( includes rent costs (previous box) + an additional 60% of your DSP for food and utilities ie total of 85% DSP + 100% of your remote, energy & rental assistance income. \$

Purchase own consumables \$   
as own cost

Transport (any transport not covered by other funding or unplanned) \$

Other  \$

Total \$ (%) payable for Rent / Boarding / Food ? Utilities : \$

## SECTION 7: CONTACT DETAILS

### PARTICIPANT / PARENT / GUARDIAN

Surname

Given name

Phone

Address

Signature

Date

### REFERRER ( IF DIFFERENT TO ABOVE)

Name

Organisation

Relationship to client

Guardian

Coordinator of Supports

Other (provide details)

Address

Phone

Contact email

Signature

Date

**IMPORTANT**

Please send the completed referral form  
to the following email address:

**[support@uconnexservices.com.au](mailto:support@uconnexservices.com.au)**

For additional enquiries regarding this referral,  
please phone the NDIS Implementation Manager

on **1800-865-106**



**UCONNEX**

COMMUNITY SERVICES  
CARE\_CONNECT\_CHOICE\_CONTROL

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