

**NDIS Client REFERRAL**

Send referrals to: Manager, Community Support, 51 Commercial Road,   
South Yarra 3141, fax (03) 9820 3166 or email: [ndis@thorneharbour.org](mailto:ndis@thorneharbour.org)

Please include a copy of your NDIS plan to assist with assessment of your referral.

### REFERRING AGENCY DETAILS

|  |  |
| --- | --- |
| **Name:** | **Agency:** |
| **Phone:** | **Email:** |

### PARTICIPANT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** | | **Surname:** | |
| **Home phone:** | | **Mobile phone:** | |
| **Address:** | | | |
| **Email address:** | | | |
| **Date of birth: / /** | **Gender:** | | **Pronouns:** |
| **NDIS Participant Number:** | | | |
| **Type of NDIS plan:**  Self-managed NDIA-managed Plan-managed. **Name of agency:** | | | |
| **Name of plan manager:** | | **Phone number of plan manager:** | |
| **Email address of plan manager:** | | | |
| **Country of origin:** | | **Language spoken at home:** | |
| **Is the participant of Aboriginal or Torres Strait Islander background?** Yes No  *(see cultural considerations: next page)* | | | |
| **Emergency contact:** | | | |
| **Relationship to client:** | | **Mobile phone:** | |

### SUPPORT DETAILS

|  |
| --- |
| **What would you like us to know about your disability?** |
| **What do you hope to achieve with NDIS support?** |

### OTHER INFORMATION

|  |
| --- |
| **Cultural considerations:** |
| **Safety alerts:** |
| **Home access issues:** |

### NDIS SUPPORT REQUESTED

**Support coordination Community participation Home help**

### HOUSING

**Home owner Private tenant Public tenant Transitional housing**

**Boarding house Homeless Other** …………………………………………….……………………

### CURRENT LIVING ARRANGEMENTS

**Living alone Living with partner Living with family Shared household**

**Other** ………………………………………………………………………………………………………………

### PARTICIPANT CONSENT AND SIGNATURE

I understand that the information in this referral is confidential. I consent to Thorne Harbour Health staff contacting me to discuss NDIS support.

**Name:** …………….……………………………….……… **Signature:** …………………….……….………………………… **Date:** …………….…….……

### SUPPORTING DOCUMENTATION

**Attached copy of current NDIS plan**

*THH NDIS referral form, August 2023*