

Involve Eurobodalla
The provider of choice for people living life their way in the Eurobodalla
NDIS REQUEST FOR SERVICE – Under 18 years

 Email to contactcentre@esc.nsw.gov.au

Date:			
Participant/Nominee/Referring agency:			
Referrer Contact details:		Existing Client?	Y / N
Surname		Given Names	
Previous names:			
Date of Birth		Gender	
Street Address			
Suburb		State	Post Code
Telephone		Mobile	
E-mail			
Doctor Name:			
Cultural background		Aboriginal or Torres Strait Islander	Y / N
NDIS Participant ID			
Plan Dates	From:	To:	
Service requested	Support Coordination <input type="checkbox"/> Service Delivery <input type="checkbox"/> Plan Management <input type="checkbox"/>		
Plan Manager (if applicable)			
Cultural/religious preferences			
Worker preference	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Age range 20 -30 years <input type="checkbox"/> 30 – 40 years <input type="checkbox"/> 50 – 60 years <input type="checkbox"/>		
Worker skill sets required			
Personal information and safety	<p>If you are requesting direct support service delivery we ask that you complete our Personal Information Form. The information will ensure the services we provide meet your needs and consider your safety and the safety of our workers. Services can commence once this form has been returned to us.</p> <p>Personal Information Form Completed Yes / No</p>		

	<p>If you are requesting services in your home we will need to do an assessment on the safety of your home to ensure we meet health and safety obligations for our staff. Our assessment includes a phone assessment prior to service delivery and is completed by the direct support worker at the first service engagement.</p> <p>I agree to a home visiting risk assessment being completed prior to service delivery. Yes / No</p> <p>Sign: _____ Date: _____</p>
<p>Consents</p>	<p>I give consent for Involve Eurobodalla staff to discuss my plan with the NDIA. Yes / No</p> <p>Sign: _____ Date: _____</p> <p>I give consent to Involve Eurobodalla to register any Voluntary Out of Home Care services with the Children’s Guardian as per the legislated requirements? Yes / No</p> <p>Sign: _____ Date: _____</p> <p>Do you give staff of Involve Eurobodalla permission to share information with your supervising Child Support agency? Yes / No</p> <p>Sign: _____ Date: _____</p>
<p>Statutory Obligations</p>	<p>As a registered Voluntary Out of Home Care (VOOHC) with the NSW Children’s Guardian we are required to report any reasonable concerns for the safety of a child that we come into contact with during the course of our work.</p>
<p>Complaints and feedback</p>	<p>If you have any issues, concerns or feedback in relation to your request for service please contact Sally Pryor, Manager, Community Care on 4474 1003 or email sally.pryor@esc.nsw.gov.au.</p>
<p>OFFICE USE</p>	
<p>Debtor</p>	<p>Debtor Code</p>
<p>Care Manager Code</p>	<p>Home Project Code</p>

We will get back to you within 4 business days