

Involve Eurobodalla

The provider of choice for people living life their way in the Eurobodalla

NDIS REQUEST FOR SERVICE

Email to contactcentre@esc.nsw.gov.au

Date:			
Participant/Nominee/Referring agency			
Referrer Contact details			Existing client? Y / N
Surname		Given Names	
Date of Birth		Gender	
Street Address			
Suburb			
State		Post Code	
Telephone		Mobile	
E-mail			
Doctor Name			
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>I agree to completing the Personal Information Form prior to service delivery 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>
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Consents	<p>I give consent for staff of Involve Eurobodalla to discuss my plan with the NDIA. Yes/No</p> <p>Sign: _____ Date: _____</p> <p>I give consent staff of Involve Eurobodalla to discuss my service with my plan manager/support coordinator/preferred service providers. Yes/No</p> <p>Sign: _____ Date: _____</p>
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OFFICE USE ONLY

Debtor		Debtor Code	
Care Manager Code		Home Project Code	