

## PARTICIPANT INITIAL CONTACT FORM

### PERSONAL DETAILS

Date:

Name:

Preferred Name:

Address:

Phone Number:

Email:

Contact Person/s Name:

Contact Person/s Details:

NDIS No.:

Plan Dates:

Would you or the participant like an Interpreter?  YES  NO If Yes, Details

Could you tell us a little more about you or the participant? Please include your diagnoses, living, work & study details etc:

Preference for your Support Worker: Age, Gender, Culture, Background, Skills, Interests

What is your or the participant cultural background/history?

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**SERVICE DETAILS**

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What services would you or the participant like us to assist with?

- Support Coordination Support or Recovery
- Education & Employment Support
- In-home – household tasks, personal care, personal hygiene, meal preparation, meal delivery, medication administration, use of aids & equipment, mobility & transfers services
- House cleaning – vacuuming, cleaning, mopping, washing, ironing, dusting, sweeping, surface cleaning, folding laundry, changing linen, rubbish removal.
- Yard maintenance – mowing, whipper snipping, hedge trimming, spraying, raking, lawn care
- Social & community participation – appointments, events, activities, gatherings
- Centre-based - events, activities, gatherings
- Transport – in-home and community access transport
- Other

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When would you or the participant like to start your services?

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Do you consent to the employees wearing a company uniform?

Yes  No

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**DISRUPTION, EMERGENCY & DISASTER INFORMATION**

Will you or the participant fully/partially rely on services & support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you or the participant minimally rely on services & support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you or the participant be greatly affected if service & support were disrupted or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any risks we need to know about?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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How do you prefer to be contacted?  Post  Email  Phone  In-Person  Other

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Are you able to sign & email information/forms back to us?

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How did you hear about us?

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**STAKEHOLDER DETAILS**

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Coordinator Of Support:  YES  NO If Yes, Provide Details

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Interface/Mainstream Supports:  YES  NO If Yes, Provide Details

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