



Providing you with quality choices through joint venture.

Client Details	Referral Date:	
<p>Full Name/s: _____</p> <p>Date of Birth: _____ Gender: _____</p> <p>NDIS Participant No: _____ Client Contact Number: _____</p> <p>Current Address: _____</p>		
Person/s Responsible		
<p>Person/s Responsible Name: _____</p> <p>Contact Phone No: _____ Person/s Responsible Email: _____</p>		
Support Coordinator		
<p>Person/s Responsible Name: _____</p> <p>Contact Phone No: _____ Person/s Responsible Email: _____</p>		
About Where Do I Want to Live?		
<p>Local Government Area: _____</p>		
Places I Like to Go		
<p>Where I visit my family: _____</p>		



Providing you with quality choices through joint venture.

Where I work or attend programs: _____

My Specific Support Needs:

Primary Diagnosis:

I can share accommodation with the opposite gender? ☐ Yes ☐ No

Do you require support with your behaviour? (tick as appropriate)

- ☐ I can be physically aggressive towards others
- ☐ I engage in physical aggression towards myself (self-harm)
- ☐ I can be physically aggressive towards property
- ☐ I can be verbally aggressive towards others
- ☐ I may abscond or accidentally walk off.
- ☐ I have sexualised behaviour needs.
- ☐ Other: _____

What are your access / mobility requirements?

- ☐ I'm at risk of Slip / trip / falls
- ☐ I need support with Manual handling at times
- ☐ I use a manual wheelchair
- ☐ I use an electric wheelchair
- ☐ I use a walking frame
- ☐ I can self-transfer to bed or vehicle
- ☐ I need to use a hoist when transferring
- ☐ I require bathroom modifications
- ☐ I can walk without staff assistance
- ☐ I can climb some stairs i.e. 2-3



Providing you with quality choices through joint venture.

☐ I can climb a flight of stairs

☐ Other: _____

What are your vehicle/ transport requirements?

☐ I can travel in passenger car.

☐ I require a larger vehicle like a multi-passenger vehicle i.e. Hyundai Imax.

☐ I need to use a fold-down step or other vehicle modifications.

☐ I need a wheelchair accessible vehicle with hoist

☐ I require driver protection screen i.e. like taxi screen.

☐ I use a harness or seat belt guard.

☐ I can use public transport.

☐ I can walk to the shops unassisted.

☐ Other: _____

What are your daily living requirements?

☐ I need staff support all the time.

☐ I need support with my health condition such as epilepsy / diabetes / bolus feeds.

☐ I need support to take my regular medication.

☐ I can sleep through the night.

☐ I wake during the night and need staff support.

☐ I may need a second break out/living area as I tend to talk a lot or make a lot of sounds.

☐ I have a hearing impairment.

☐ I have vision impairment.

☐ Other: _____

Where do you live now and who do you live with?



Providing you with quality choices through joint venture.

When would you like to move?

Do you have any specific cultural or religious requirements?

Is there anything else specific you would like to let us know?