



## Crystal Care Referral/Intake Form

### Key Details

#### Referrer Details

Referred by:		Relationship to client:	
Organisation:		Date:	/ /
Phone number:		Email:	
Do you consent to sharing this information with Crystal Care? Y <input type="checkbox"/> N <input type="checkbox"/>			

#### Client Details

Title (Mr/Mrs/Ms)		First Name	
Surname		Preferred name	
Gender		Pronoun	
Phone number		Email	
Is an Interpreter Required?	Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, what language?	
Suburb		Post Code	

#### NDIS Details

Participant Number		Date of birth	
Plan start date		Plan end date	

**Service Type:**

**Requested Services:**  **Requested Services:**  **Requested Services:**  **Requested Services:**

Services required: Positive Behaviour Supports

Minecraft Therapy

Occupational Therapy

Speech Pathology

Developmental Educator

**Funding Information:**

Behaviour/Minecraft Funding Information:			
Funding Source	Core Support <input type="checkbox"/>	Improved Daily Living <input type="checkbox"/>	Improved relationships SBIS <input type="checkbox"/> BMP <input type="checkbox"/>
Funding amount	\$	\$	<b>SBIS: \$</b> <b>BMP: \$</b>
Managing Funds	NDIA/ Agency <input type="checkbox"/>	Plan Managed <input type="checkbox"/>	Self-Managed <input type="checkbox"/>
Developmental Educator Funding Information:			
Funding Source	Core Support <input checked="" type="checkbox"/>	Improved Daily Living <input type="checkbox"/>	
Funding amount	\$	\$	
Managing Funds	NDIA/ Agency <input type="checkbox"/>	Plan Managed <input type="checkbox"/>	Self-Managed <input type="checkbox"/>
Occupational Therapy Funding Information and Services:			



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<b>Required supports (tick):</b>  Supports are provided under the NDIS price guide of: Assessment, Recommendation, Therapy or Training – Other Therapy (\$193.99 per hour)	FCA <b>10hrs (\$1,939.90)</b> <input type="checkbox"/> Complex FCA <b>20hrs (\$3,879.80)</b> <input type="checkbox"/> Home Mods <b>10hrs (\$1,939.90)</b> <input type="checkbox"/> Initial Assessment <b>6hrs (\$1,163.94)</b> <input type="checkbox"/> Sensory Profile <b>3hrs (\$581.97)</b> <input type="checkbox"/> Assistive Technology Assessment <b>3hrs (\$581.97) per item</b> <input type="checkbox"/> Specify how many items _____ Ongoing Supports <b>\$193.99 per hr</b> <input type="checkbox"/> Specify how many hours _____		
Funding Source	Core Support <input type="checkbox"/>	Improved Daily Living <input type="checkbox"/>	
Funding amount	\$	\$	
Managing Funds	NDIA/ Agency <input type="checkbox"/>	Plan Managed <input type="checkbox"/>	Self-Managed <input type="checkbox"/>
<b>Speech Therapy Funding Information and Services:</b>			
<b>Required supports (tick):</b>  Supports are provided under the NDIS price guide of: Assessment, Recommendation, Therapy or Training – Other Therapy (\$193.99 per hour)	<input type="checkbox"/> Initial Assessment <b>10hrs (\$1,939.90)</b>  <input type="checkbox"/> Speech and Language Assessment <b>15hrs (\$2,909.85)</b>  <input type="checkbox"/> Ongoing Supports <b>\$193.99 per hr</b>  Specify how many hours _____		
Funding Source:	Core Support <input type="checkbox"/>	Improved Daily Living <input type="checkbox"/>	
Funding amount:	\$	\$	
Managing Funds:	NDIA/ Agency <input type="checkbox"/>	Plan Managed <input type="checkbox"/>	Self-Managed <input type="checkbox"/>
<b>Plan Manager Details: <i>If Plan Managed, please provide details:</i></b>			
Organisation		Contact Person	
Contact Number		Billing email address	

**Contacts: Primary Contact Details:**



**Crystal Care**

Title	Miss / Ms / Mrs / Mr	Relationship to Client	
First Name		Surname	
Best Contact Number		Email	
Is an Interpreter Required?	Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, what language?	
Same Residential Address as Client Y <input type="checkbox"/> N <input type="checkbox"/> - If no, please provide details below			
Residential Address			

**Alternative Contact Details:**

Title	Miss / Ms / Mrs / Mr	Relationship to Client	
First Name		Surname	
Best Contact Number		Email	

*(If DCP Legal Guardian, list Case Manager as the Primary Contact and the foster carer as the alternate contact)*

*(If OPA Legal Guardian, list Guardian as the Primary Contact and the closed contact as the alternate contact)*

**Service Provider Details**

Please list the type of services and providers' contact details currently in place:

Organisation		Contact Number	
Authorised Reporting Officer		Contact Number	
Services Provided			

**NDIS Goals**

1.
2.
3.
4.



5.

**Additional information**

Please send completed referral form to [tracey@crystalcare.com.au](mailto:tracey@crystalcare.com.au)