



Crystal Care Referral/Intake Form

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 <input type="checkbox"/>	Minecraft Therapy <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>
	Lego Club <input type="checkbox"/>	Speech Pathology <input type="checkbox"/>	Developmental Educator <input type="checkbox"/>



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	\$	\$	SBIS: \$ BMP: \$
Managing Funds	NDIA/ Agency <input type="checkbox"/>	Plan Managed <input type="checkbox"/>	Self-Managed <input type="checkbox"/>
Lego Club Funding Information:			
Funding Source	Core Support <input type="checkbox"/>	Improved Daily Living <input type="checkbox"/>	Improved relationships <input type="checkbox"/>
Package	Initial Enrolment <input type="checkbox"/>	Re-Enrolment <input type="checkbox"/>	
Funding amount	\$1721.92	\$1042.95	
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 type="checkbox"/>	Improved Daily Living <input type="checkbox"/>	Improved relationships <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:			
<p>Required supports (tick):</p> <p>Supports are provided under the NDIS price guide of: Assessment, Recommendation, Therapy or Training – Other Therapy (\$193.99 per hour)</p>	FCA 10hrs (\$1,939.90) <input type="checkbox"/> Complex FCA 20hrs (\$3,879.80) <input type="checkbox"/> Home Mods 10hrs (\$1,939.90) <input type="checkbox"/> Initial Assessment 6hrs (\$1,163.94) <input type="checkbox"/> Sensory Profile 3hrs (\$581.97) <input type="checkbox"/> Assistive Technology Assessment 3hrs (\$581.97) <input type="checkbox"/> Specify how many items _____ Ongoing Supports \$193.99 per hr <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"/>



Speech Therapy Funding Information and Services:			
Required supports (tick): 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 10hrs (\$1,939.90)		
	<input type="checkbox"/> Speech and Language Assessment 15hrs (\$2,909.85)		
	<input type="checkbox"/> Ongoing Supports \$193.99 per hr		
	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"/>
Plan Manager Details: <i>If Plan Managed, please provide details:</i>			
Organisation		Contact Person	
Contact Number		Billing email address	

Contacts: Primary Contact Details:

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

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Please send completed referral form to tracey@crystelcare.com.au