

NDIS RURAL HEALTH REQUEST FOR SERVICES

For assistance, questions or wait times, please contact NDIS Intake on 0438 212 490 or Julie.luxford@gatewayhealth.org.au

About the NDIS Participant

NDIS Number		Request Date	
First Name		Surname	
Preferred name		Pro-nouns	<input type="checkbox"/> He/him <input type="checkbox"/> She/her <input type="checkbox"/> They/them
Gender at birth		Gender identity	
Date of Birth		Mobile	
Email		Telephone	
Address			
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Preferred Worker	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference		
Cultural Considerations			
Communication - How are we best to make initial contact?	<input type="checkbox"/> Direct with Participant <input type="checkbox"/> Nominee (Details on Pg. 2) <input type="checkbox"/> Communication Aid/s <input type="checkbox"/> Text/SMS <input type="checkbox"/> E-mail		
	<input type="checkbox"/> Phone call <input type="checkbox"/> Other		
Interpreter Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language	
NDIS Recognised Disability/Disabilities	NDIS Recognised Disability 1:		
	NDIS Recognised Disability 2:		
Other significant health conditions, impacting on client (Chronic pain, mental health, in-dwelling catheter, recent hospitalisation, weight loss/gain)			
Behaviours of concern? (2:1 home visit required, clinic visits only, drug and alcohol use, violence)	<input type="checkbox"/> No <input type="checkbox"/> Yes (detail below and provide Behavioural Support Plan - <i>Mandatory</i>)		

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Attachments			
Why do we need these supporting documents?		<ul style="list-style-type: none"> To accurately assess if we have the right skills to work with the participant, To work out how quickly the participant needs to be seen, To match the best clinician to work with the participant, To understand our role in helping the participant achieving their NDIS goals To accurately write NDIS reports to support the participant for their next plan period 	
<input type="checkbox"/> Health Summary from GP			
<input type="checkbox"/> NDIS Plan / NDIS Request for Service (RFS) <i>(Mandatory to include plan goals and client background. If your client is not comfortable to share full plan details, exclude financial information)</i>			
<input type="checkbox"/> OT Assessment (Mandatory where previously completed – Functional capacity, equipment, sensory etc.)			
<input type="checkbox"/> Hospital discharge summary (if applicable)			
<input type="checkbox"/> Specialist reports	<input type="checkbox"/> Dietitian report	<input type="checkbox"/> Continence assessment	<input type="checkbox"/> Communication Plan
	<input type="checkbox"/> Mealtime Management Plan	<input type="checkbox"/> Neurologist/Psychiatrist	<input type="checkbox"/> Behavioural Support Plan
<input type="checkbox"/> Other			
Authorised Representatives			
Representative details:			
Authority type:	<input type="checkbox"/> Person able to provide consent (Medical Treatment Decision Maker)		
	<input type="checkbox"/> NDIS Nominee (Plan/Payment) <input type="checkbox"/> NDIS Nominee (Correspondence) <input type="checkbox"/> Legal Guardian/Child representative		
	<input type="checkbox"/> VCAT Guardianship Order <input type="checkbox"/> VCAT Administration Order		
	<input type="checkbox"/> POA (General) <input type="checkbox"/> Enduring POA (financial & or Personal) <input type="checkbox"/> Supportive		
<i>Evidence of Authorised representation must be provided.</i>			<input type="checkbox"/> Evidence Attached
Name		Contact Number	
Email		Relationship to participant	
Postal Address			
Representative details:			
Authority type:	<input type="checkbox"/> Person able to provide consent (Medical Treatment Decision Maker)		
	<input type="checkbox"/> NDIS Nominee (Plan/Payment) <input type="checkbox"/> NDIS Nominee (Correspondence) <input type="checkbox"/> Legal Guardian/Child representative		
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<i>Evidence of Authorised representation must be provided.</i>			<input type="checkbox"/> Evidence Attached
Name		Contact Number	
Email		Relationship to participant	
Postal Address			

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About the NDIS Plan			
NDIS Number		Request Date	
Plan Start Date		Plan End Date	
Billing Details	<input type="checkbox"/> NDIA <input type="checkbox"/> Plan Managed <input type="checkbox"/> Self-Managed		
Plan Manager or Self-Management Details (Name, Address, Contact, Email)	Name		
	Address		
	E-mail invoices to		
NDIS Reports			
Reports to be sent to (Specify name, postal address or e-mail)	Name/s:		
	E-mail/s:		
	Postal (if applicable)		
Supported Independent Living Contact (If applicable)			
House Supervisor		Contact Number	
Key Support Worker		Email	
Address			
NDIS Support Coordinator or Local Area Coordinator (LAC)			
Name		Contact Number	
Mobile Number		Email	
Organisation Name			
Preferred Service Delivery Location			
<input type="checkbox"/> Home	<input type="checkbox"/> Gateway Health	<input type="checkbox"/> Telehealth	<input type="checkbox"/> Centre based, specify
<input type="checkbox"/> Community	<input type="checkbox"/> Gym	<input type="checkbox"/> Pool	<input type="checkbox"/> Other, specify
Additional Client background			
Existing allied health/therapists involved (Please list name and practice/contact details of other Allied Health Professionals outside Gateway Health or hospital therapist, personal trainer etc.)			
Existing supports in place (e.g. Support worker and frequency of attendance, contact details, day programs, informal supports – family and friends that attend to client regularly)			

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<p>Other information that we should be aware of when providing care to the client (e.g. Cultural considerations, relationships, living arrangements, child protection, preferred gender of support worker, other sensitive information)</p>		
<p>Reason/s for Referral (Be as specific as possible. This information is critical in accepting and prioritising the urgency of the request.)</p>		
<p>For initial Assessments we require a minimum allocation of hours</p> <ul style="list-style-type: none"> • Physiotherapy, Occupational Therapy, Continenence, Speech Pathology and Dietetics are 10 hours • Podiatry is varied minimum of 5 hours 		
<p>Dietetics</p> <p><input type="checkbox"/> 15_062_0128_3_3 (Improved Daily Living)</p> <p><input type="checkbox"/> 12_025_0128_3_3 (Health & Wellbeing)</p> <p><input type="checkbox"/> 01_760_0128_3_3 (Core)</p>	<p>Hours available</p>	<p>@ \$193.99 per hour</p>
	<p>Reason Required:</p>	<p>Expected Outcome/s:</p>
<p>Occupational Therapy</p> <p><input type="checkbox"/> 15_617_0128_1_3 (Improved Daily Living)</p> <p><input type="checkbox"/> 01_661_0128_1_3 (Core)</p>	<p>Hours available</p>	<p>@ \$193.99 per hour</p>
	<p>Reason Required:</p>	<p>Expected Outcome/s:</p>
<p>Physiotherapy</p> <p><input type="checkbox"/> 15_055_0128_1_3 (Improved Daily Living)</p> <p><input type="checkbox"/> 01_721_0128_1_3 (Core)</p>	<p>Hours available</p>	<p>@ \$193.99 per hour</p>
	<p>Reason Required:</p>	<p>Expected Outcome/s:</p>

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Podiatry	Hours available		@ \$193.99 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_619_0128_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_663_0128_1_3 (Core)			
Speech Pathology	Hours available		@ \$193.99 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_622_0128_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_665_0128_1_3 (Core)			
Therapy Assist – Lvl 2 (Allied Health Assistant)	Hours available		@ \$86.79 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_053_0128_1_3 (Improved Daily Living)			
Continence Nursing	Hours available		@ \$151.03 per hour
	Reason Required:		Expected Outcome/s:
<input type="checkbox"/> 15_418_0114_1_3 (Improved Daily Living)			
<input type="checkbox"/> 01_618_0114_1_3 (Core)			

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District Nursing	Hours available		@ \$127.70 per hour	
	Reason Required:		Expected Outcome/s:	
<input type="checkbox"/> 15_412_0114_1_3 (Improved Daily Living)				
<input type="checkbox"/> 01_612_0114_1_3 (Core)				
Group Activities				
Fit Mates (Men's Gym)	Hours available		@ \$24.05 per hour	1.5 hours per session - \$32.58 per session
<input type="checkbox"/> 04_175_0136_6_1_T				
Exercise Group	Hours available		@ \$23.42 per hour	Typically, 1 hour per session per week
<input type="checkbox"/> 04_175_0136_6_1				
Art & Craft	Hours available		@ \$23.42 per hour	Typically, 1 hour per session per week
<input type="checkbox"/> 04_175_0136_6_1				
Men's Cooking	Hours available		@ \$762 total	
Hours Required	2 x Dietitian @ \$193.99 per hr	<input type="checkbox"/> 15_062_0128_3_3 (Improved Daily Living) or	<input type="checkbox"/> 12_025_0128_3_3 (Health & Wellbeing) or	<input type="checkbox"/> 01_760_0128_3_3 (Core).
	2 x Therapy Assistant, Lvl 2 @ \$86.79 per hr	<input type="checkbox"/> 15_053_0128_1_3		
	8 x Therapy Assistant, Lvl 1 @ \$25 per hr	<input type="checkbox"/> 15_052_0128_1_3		

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