Behaviour Support
Referral Form

Referral Details			
Referral Type:	☐ Self-referral (including supported completion) ☐ Referral on participant's behalf	**Date:**	
Funding Type:	☐ NDIS (attach funding plan) ☐ Other, please specify:		
Please detail any behaviours of concern this referral is seeking to address:			
Is there an existing Behaviour Support Plan in Place?	☐ Yes, expiry date: ☐ No		
Are restrictive practices being used?	☐ Yes	☐ Authorised ☐ Unauthorised	
	☐ No		

Referrer Details			
Name (first, last):		**Relationship to the participant:**	
Contact Number:		**Email:**	
Organisation:			
Has the participant been made aware of the referral?	☐ Yes ☐ No	**Is the participant aware of other service options/providers that might be available to them?**	☐ Yes ☐ No
Please list any alternative referral options that were provided to the participant:			

Participant Details (if this is a referral for an existing Uniting WA participant, these details do not need to be provided here)			
Name (first, last):		**Preferred name/s (if applicable):**	
Gender / Preferred pronouns:		**Date of Birth:**	

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Residential Address:			
Suburb:		Post code:	
Email:		Phone Number:	
Do you identify as being Aboriginal or Torres Strait Islander?	☐ Yes ☐ No	Cultural Background:	
Is your main language a language other than English?	☐ Yes ☐ No		
Do you require an interpreter?	☐ Yes, please specify language:		
	☐ No		

Preferred / Additional Contact Information			
Is there a preferred contact person for us to contact, other than the participant?	☐ Yes ☐ No	Is there a contact person for us to contact, in addition to the participant?	☐ Yes ☐ No
Preferred contact name:		Preferred contact number:	
Preferred contact relation to participant:			

Decision Making Support		
Informal Decision-making Support Person/s (family members, carers, other):		
Name:	Phone Number / Email:	Relation to Participant:

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Formal Decision-making Support:			
Does the participant have any of the following in place:	☐ Guardianship Order / Enduring Guardian	SAT order #	
		Order type	
	☐ Enduring Attorney		
	☐ Advance Health Directive		
	☐ Advance Care Plan		
	☐ Legal Trustee	SAT order #	
		Order type	
Do any supported / substitute decision-makers need to be contacted in relation to this referral and/or the services to be provided?		☐ Yes, provide detail below.	
		☐ No	
Name:		**Phone Number / Email:**	
Relation to Participant:		**Must be contacted if/when:**	
Name:		**Phone Number / Email:**	
Relation to Participant:		**Must be contacted if/when:**	

Additional Information

Is the participant receiving other NDIS services?	☐ Yes	**Please detail:**	
		NDIS number:	
	☐ No		
Are there any known risk indicators?	☐ Yes, please detail:		
	☐ No		
Does the participant have a diagnosis? If yes, please detail:			

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Is the person dependent on alcohol or other drugs?	☐ Yes	**Is the person willing to address this issue?**	☐ Yes ☐ No
	☐ No		

Consent

By submitting this completed Form, the participant gives, or has given, consent for the information included within the Form to be provided, and for Uniting WA to contact and/or seek additional information in relation to the provision of our Behaviour Support Services from those identified on this Form.

Participant/Decision-makers' Name:			
Signature:		**Date:**	

Behaviour Support
Assessment Form

Date of assessment:	

Have you obtained/completed the following consent forms?		
Consent to collect use and disclose information signed	☐	Yes
	☐	No
Consent to release and exchange information signed	☐	Yes
	☐	No

Funding details (1200- Positive Behaviour Support)			
NDIS – NDIA managed	☐		
NDIS – Plan managed	☐		
NDIS – Self managed	☐		
Plan start date		Expiry date:	
Private payments	☐		
Budget total			
Proposed service start date			

Does the participant have any of the following?	
Positive Behaviour Support Plan	☐
Brief Risk Assessment (mental health)	☐
Dysphagia Plan (for people with difficulty swallowing)	☐
Medication Management	☐
Mobility Transfer Plan	☐
Allergy Management plan	☐
Epilepsy Management plan	☐
Other	☐

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Primary disability/diagnosis		Secondary disability/diagnosis	
Intellectual disability	☐	Intellectual disability	☐
Autism	☐	Autism	☐
Acquired brain injury	☐	Acquired brain injury	☐
Hearing impairment	☐	Hearing impairment	☐
Visual impairment	☐	Visual impairment	☐
Psychosocial disability	☐	Psychosocial disability	☐
Spinal cord injury	☐	Spinal cord injury	☐
Cerebral Palsy	☐	Cerebral Palsy	☐
Development Delay	☐	Development Delay	☐
Global Developmental Delay	☐	Global Developmental Delay	☐
Multiple sclerosis	☐	Multiple sclerosis	☐
Stroke	☐	Stroke	☐
Other Neurological	☐	Other Neurological	☐
Other Physical	☐	Other Physical	☐
Other Sensory/Speech	☐	Other Sensory/Speech	☐
Other	☐	Other	☐