



Service Access Form

Phone: 9090 7205

Fax: 9939 1305

Email: info@lifewithoutlimits.net.au

Web: www.lifewithoutlimits.net.au

Postal: PO Box 2690 Gladstone Park, Melbourne, 3043.
Office: 8E/1 Trade Park Drive, Tullamarine, Melbourne, 3043

Referral Information

Referral made by:	Date of Referral:
Contact Number:	Email Address:

Participants Details	Participants Carer/Legal Guardian Details
-----------------------------	--

Name of Participant:	Name:
Address:	Relationship:
Date of Birth:	Address:
Contact Number:	Mobile:
School:	Phone:
NDIS Number:	Email Address:
Language/s:	Language/s:
Is an Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Interpreter Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Referral Information

Disability Description:

Please tick if the following applies: <input type="checkbox"/> Epilepsy (Please provide a copy of management plan) <input type="checkbox"/> Asthma (Please provide a copy of management plan) <input type="checkbox"/> Anaphylaxis (Please provide a copy of management plan) <input type="checkbox"/> Medication (Participant Treatment Sheet must be completed by prescribing doctor) <input type="checkbox"/> Behavioural Issues (Please provide a copy of The Behaviour Management Plan)	Is there a custody order in place? (If yes- please provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

What service/s would the participant like to access: <input type="checkbox"/> Weekend Warriors Program <input type="checkbox"/> Weekend Youth Rangers <input type="checkbox"/> School Holiday Program <input type="checkbox"/> Camp and Holiday Options <input type="checkbox"/> Other	What are the participant's goals? <input type="checkbox"/> Have Fun <input type="checkbox"/> Make Friends <input type="checkbox"/> Increase Independence <input type="checkbox"/> Develop and improve social skills <input type="checkbox"/> Improve Health and Wellbeing <input type="checkbox"/> Other
---	--

Management Only Section

Contact made with the referrer?

- Yes
- No

Contact made with the participant?

- Yes
- No

Date Contact Made with Referrer?

Date Contact Made with the participant:

In Home Assessment:

Has an In Home Assessment meeting been scheduled?

- Yes
- No

Date of In Home Assessment:

Has the participant been informed of their right to an advocate/independent person during the service access process?

- Yes
- No

People in attendance at In Home Assessment Meeting: