



Service Access Form

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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:	Contact Number:
School:	Email Address:
NDIS Number:	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	

Recommended Support Ratio:

Referral Information

Disability Description:

<p>Please tick if the following applies:</p> <ul style="list-style-type: none"> <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) 	<p>What program/s would the participant like to access:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Super Saturday & Sunday Fun Day (5-12yrs) <input type="checkbox"/> Weekend Youth Rangers (13-17 yrs) <input type="checkbox"/> Weekend Explorers (18-25+ years) <input type="checkbox"/> Life Program (Disengaged Young People) <input type="checkbox"/> My Choice Program (Day Service) <input type="checkbox"/> Bowling Bonanza (After School Program) <input type="checkbox"/> Bare Foot Bowls & BBQ (After School Program) <input type="checkbox"/> Swim School (After School Program) <input type="checkbox"/> Glow in Dark Mini Golf, Driving Range & Pizza Night (After School Program) <input type="checkbox"/> Holiday in a Hurry (Short Term Emergency Accommodation) <input type="checkbox"/> Camp & Holiday Options <input type="checkbox"/> School Holiday Program <input type="checkbox"/> Support Coordination
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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: