



# 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
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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?  
 Yes  
 No

## Recommended Support Ratio:

## Referral Information

Disability Description:

<p>Please tick if the following applies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Epilepsy</b> (Please provide a copy of management plan)</li> <li><input type="checkbox"/> <b>Asthma</b> (Please provide a copy of management plan)</li> <li><input type="checkbox"/> <b>Anaphylaxis</b> (Please provide a copy of management plan)</li> <li><input type="checkbox"/> <b>Medication/s</b> (Participant Treatment Sheet must be completed by prescribing doctor)</li> <li><input type="checkbox"/> <b>Behaviour Management Plan</b> (Please provide a copy of The Behaviour Management Plan)</li> </ul>	<p>What program/s would the participant like to access:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Holiday in a Hurry (Respite and Short Term Emergency Accommodation)</li> <li><input type="checkbox"/> Weekend Respite Warriors Program (5-17 years)</li> <li><input type="checkbox"/> Weekend Explorers (18+ years)</li> <li><input type="checkbox"/> Camp &amp; Holiday Options</li> <li><input type="checkbox"/> School Holiday Program</li> <li><input type="checkbox"/> My Choice Day Program (Adults)</li> <li><input type="checkbox"/> LIFE (Disengaged Young People)</li> <li><input type="checkbox"/> Support Coordination / Support Connection</li> </ul>
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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: