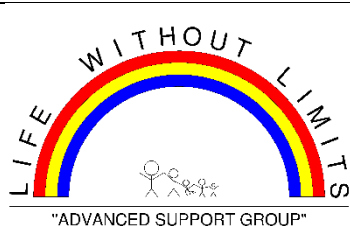


**Please send Referral Form through to: Email: info@lifewithoutlimits.net.au
or Fax: 9939 1305 or Post: PO Box 2690 Gladstone Park, Melbourne, 3043.**



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: _____ Contact Number: _____

School: _____ Email Address: _____

NDIS Number: _____ Language/s: _____

Language/s: _____ Is an Interpreter Required?
 Yes
 No

Is an Interpreter Required?

Yes

No

Recommended Support Ratio:

Referral Information

Disability Description: _____

Please tick if the following applies:

- Epilepsy**
(Please provide a copy of management plan)
- Asthma**
(Please provide a copy of management plan)
- Anaphylaxis**
(Please provide a copy of management plan)
- Medication/s**
(Participant Treatment Sheet must be completed by prescribing doctor)
- Behaviour Management Plan** (Please provide a copy of The Behaviour Management Plan)

What program/s would the participant like to access:

- My Choice Day Program (Adults)
- After School Programs (Young People)
- Weekend Warriors Program (Children – 5-12 years)
- Weekend Youth Rangers (Youth – 13-17 years)
- Camp & Holiday Options
- School Holiday Program
- Support Coordination / Support Connection
- Holiday in a Hurry (Short Term & Emergency Respite)
- In Home Support

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: