

NDIS - MINOR MODIFICATIONS SERVICE REFERRAL

Email To (preferred)	office@maroochyhomeassist.com.au	/ /2020
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**PLEASE CLEARLY MARK PRIORITY**

REQUIRED FOR HOSPITAL DISCHARGE	URGENT (within 5 business days)	MODERATE (within 15 business days)
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Name Mr/Mrs/Miss/Ms \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M / F \_\_\_\_\_

Country of Birth (if not Aust) \_\_\_\_\_ Is an Interpreter Required Yes / No \_\_\_\_\_

Marital Status \_\_\_\_\_ Pension Type \_\_\_\_\_

Name of next of kin or carer: \_\_\_\_\_ Phone: \_\_\_\_\_

Lives in: House / Unit / Caravan \_\_\_\_\_ Living Alone: Yes / No \_\_\_\_\_

Home Owner / Rental / Dept of Housing /SIL (Rental/Dept of Housing/SIL require landlords/management permission prior to commencing modification work which may impact service delivery)

**Details of works required** (if possible please provide photos of area where mods are required) \_\_\_\_\_

Medical Condition or Disability (only if **relevant** to work required): \_\_\_\_\_

Please provide any **OTHER** relevant information to ensure smooth transition/completion of works: \_\_\_\_\_

**NDIS Number:** \_\_\_\_\_ **Plan Dates:** \_\_\_\_\_

(circle): Plan Managed / Self-Managed / NDIA **Email for invoices/approvals:** \_\_\_\_\_

**SUPPORT CO-ORDINATOR DETAILS** (name) \_\_\_\_\_

Phone: \_\_\_\_\_ Co-Ordinator EMAIL: \_\_\_\_\_

OT or Health Professional Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I agree with the recommendations listed and authorise this information to be shared with Maroochy Home Maintenance & Care Assoc.

**Clients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_