Request for Supports Referral Form

Participant Details:			
Full name:			
NDIS Number:			
Date of Birth:			
Gender:			
Phone:			
Email:			
Street Address:			
City/Suburb		**State:**	**Postcode:**

Provider Details	
Provider	uLaunch Pty Ltd
Address	Suite 501, Level 5 10 Bridge Street Sydney NSW 2000
Phone number (if available)	1800 113 233

Has the participant/guardian provided consent for this referral? Yes ☐ No ☐

Referrer Details (Person submitting this form):	
Date of referral:	
Name of Referrer:	
Relationship to participant:	
Organisation:	
Phone:	
Email:	

Legal Guardian's Details:		
Full Name:		
Phone:		
Email:		
Address:		
Please indicate:	Legal Guardian ☐	Community Guardian ☐

Mode of Communication		
Preferred Language:	**English**	
Interpreter required:	**Yes ☐**	**No ☐**
Preferred method of communication (Please tick all that apply)		
Face to Face ☐	**Phone Call ☐**	**Text Message ☐**
Letter ☐	**Email ☐**	**Visual (Images/Videos) ☐**
Contact with my advocate or representative ☐		**Other ☐**

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Diversity and Cultural Background		
Country of Birth:	Australia	
Do you identify as:		
Aboriginal ☐	**Torres Strait Islander** ☐	**Non-Indigenous** ☐
Refugee ☐	**Asylum Seeker** ☐	**Prefer not to say:** ☐

Diagnosis:

Core Supports Required	Line Item
Support Coordination Level 2	
Support Coordination Level 3	

Participant's NDIS Details:		
NDIS Plan Start Date:		
NDIS Plan End Date:		
NDIS Fund Management:		
Agency Managed: ☐	**Plan Managed:** ☐	**Self-Managed:** ☐
Plan Manager Details: *If applicable*	**Name:**	
	Email:	
	Phone:	

Participant's NDIS Plan Goals:
Reason for referral:

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Risk Assessment	Yes	No
Does the participant have current forensic issues or legal matters?	☐	☐
Does the participant have a history of self-harm or suicidal behaviour?	☐	☐
Does the participant have a history of sex offences?	☐	☐
Does the participant experience violence in the home?	☐	☐
Are there safety concerns with the participant's accommodation?	☐	☐
Are there concerns regarding the participant having their basic needs met i.e., food, shelter etc?	☐	☐
Are there any concerns regarding the participant's financial situation?	☐	☐
Are there any mental health or behavioural issues (in addition to those discussed above?	☐	☐
Are there any safety hazards for uLaunch Staff members visiting the family home? Such as dogs, unsafe behaviour?	☐	☐
Is physical force ever used to prevent, restrict, or subdue the movement of the participant's body?	☐	☐
Is the participant restricted to accessing any parts of their environment, including all rooms in the house they live in, outside, items, or activities?	☐	☐
Please provide details on any above responses as required:		

Please email completed referral form and any other relevant information or reports to NDISuLaunch@anguknight.com.au and we will respond within 3 business days.

Thank you for your referral.