Welcome to Adelaide Specialist Support Coordinators

To register to receive services from Adelaide Specialist Support Coordinators, we kindly request the completion of this Intake Form. Please also attach copies of any relevant reports, NDIS Plan and other relevant information. Please return the completed form to [**admin@adelaidessc.com**](mailto:admin@adelaidessc.com)**.** Please call **0434 528 623** for any questions or queries.

**Today’s Date:** Click to enter a date.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Service Recipient Details | | | | | | | |
| First Name |  | | | | Last Name | |  |
| DOB | Click to enter a date. | | | | Age | |  |
| Gender | Choose an item. | | | | ATSI | | Choose an item. |
| Address |  | | | | Suburb | |  |
| State |  | | | | Post Code | |  |
| Phone |  | | | | Email | |  |
| Disability / Diagnosis |  | | | | | | |
| Preferred Name | |  | | | | | |
| Preferred Pronoun | | Choose an item. | | | | | |
| Preferred Language | | Choose an item. | | | | | |
| Preferred Communication | | Verbal | Non-Verbal | | | Aids: | Choose an item. |
| Interpreter Requirements | | Yes | No |  | | | |
| Visual Requirements | | Yes | No |  | | | |
| Hearing Requirements | | Yes | No |  | | | |
| Mobility Requirements | | Choose an item. | | | | | |
| Cultural Requirements | |  | | | | | |

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| --- | --- | --- | --- |
| Referrer Details | | | |
| Name |  | Contact |  |
| Relationship |  | Organisation |  |

**Legal Documentation**

Please complete this section if you have any legal documents that you wish to share with Adelaide Specialist Support Coordinators that may assist in providing services. These documents assist with providing a comprehensive support plan and are important to share with emergency or medical personnel in case of an emergency.

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| --- | --- | --- | --- | --- | --- |
| Forensic/Court Orders | | Attached | |  | |
| Advanced Care Directive | | Attached | |  | |
| Power of Attorney | | Attached | |  | |
| Tribunal / Guardianship/SACAT Order | | Attached | |  | |
| Legal Guardian Details (if applicable) | | | | | |
| Name |  | | Contact | |  |
| Address: |  | | Relationship | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funding Details | | | | | |
| NDIS Number |  | Start | Click to enter a date. | End | Click to enter a date. |
| Financial Management | Agency-Managed  Plan-Managed: Click to enter Plan Manager Details  Self-Managed: Click to enter Email for Invoice purposes | | | | |
| NDIS Plan / Goals | Plan Attached  Goals Attached (a copy of the goals to be attached at a minimum)  Do not wish to share funding information | | | | |
| NDIS Support category | Level 3: Specialist Support Coordination  \*Please note, our team provides **Level 3: Specialist Support Coordination**, our team does not work with Level 2: Support Coordination | | | | |
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| Additional Notes |
| *e.g. any background information which may assist with determining who the most suited coordinator may be, any noteable risks, any additional reports that may be relevant, etc.* |