REFERRED BY

Participant consent to referral: Has the participant agreed to this referral and to ZIMS Care Services contacting them?

○ Yes ○ No ○ Unable to confirm

If consent was provided by another person, record their name, relationship and legal authority

Name

Relationship

Legal authority

Name | **Title**

Agency | **Contact No:**

PARTICIPANT DETAILS

Participant Name | **Contact No:**

Participant Age | **Date of Birth** dd / mm / yyyy

Carer | **Carer Contact No:**

Disability, health conditions and relevant support needs

Address

Email

NDIS number | **Start date** dd / mm / yyyy

End date dd / mm / yyyy

Does the participant speak English?

○ Yes ○ No

Preferred language and communication method/format

Communication aid, Easy Read or other accessibility support required?

○ Yes ○ No

Details

Is an Interpreter Service required for the Interview?

○ Yes ○ No

Name of Interpreter Service | **Contact No:**

Does the participant identify as Aboriginal and/or Torres Strait Islander?

☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Neither ☐ Prefer not to say

If Yes, do they have a Case Worker or Support coordinator?

○ Yes ○ No

Does the participant want their case worker, support coordinator or chosen representative involved in planning supports?

○ Yes ○ No

Name of Case Worker/Support coordinator | **Contact No:**

Email Address

Does the participant have a legally appointed guardian, nominee or other authorised decision-maker relevant to these services?

○ Yes ○ No

If Yes, Name | **Contact No:**

Email Address

Does the Participant have an Advocate?

○ Yes ○ No

If Yes, Name | **Contact No:**

Email Address

Rights and information provided: The participant or authorised representative has been informed, in an accessible way, about privacy, rights, feedback and complaints, independent advocacy and how to contact the NDIS Quality and Safeguards Commission.

○ Yes ○ No

Date dd / mm / yyyy | **Staff member**

SERVICE REQUEST AND SUPPORT DETAILS

Reason for referral

Support type, frequency, urgency and requested start.

Examples: support coordination, counselling, psychosocial recovery coaching, skill development, personal care, household tasks or community access.

Expected start date of client support dd / mm / yyyy

Does the NDIS plan include transport funding for social & community participation?

○ Yes ○ No

If transport or provider travel costs may apply, give the participant clear information before supports begin. Any charge must be permitted under the applicable NDIS pricing and claiming rules and agreed in the service agreement.

Agreed arrangement and support item

How is this funding managed?

○ NDIA-managed ○ Plan-managed ○ Self-managed

Plan manager name and contact details

Does the participant have any additional support needs? i.e. Behaviour / OT / Epilepsy / Asthma

○ Yes ○ No

If Yes – a copy of the specific support plan will be required. Please ensure that this is available for the intake meeting.

IMMEDIATE SAFETY AND RISK INFORMATION

Any immediate risk to the participant, workers or others?

○ Yes ○ No

Risk and actions required before service commencement

Emergency contact | **Relationship**

Phone

Relevant alerts, allergies, medication support, mobility, behaviour support or emergency procedures

PRIVACY AND CONSENT

ZIMS Care Services collects personal and sensitive information to assess this referral, arrange supports and meet legal and quality obligations. The participant or authorised representative understands why the information is collected and consents to its collection, use and secure storage. Information is shared only with consent or where required by law.

Name

Signature (type full name)

Date dd / mm / yyyy | **Authority/relationship**

QUALITY MANAGER FOLLOW-UP

Date of First Contact dd / mm / yyyy | **Interview Date and Time** Date and time

Interview Address if different to above

Referral outcome

☐ Accepted ☐ Waitlisted ☐ More information required ☐ Declined ☐ Referred elsewhere

Reason/action

Participant/referrer notified | **By**

Follow-up due dd / mm / yyyy

NOTES

Signed | **Date** dd / mm / yyyy