

NDIS Referral Form

NDIS referral and intake process

1. Please complete this form and either email or fax it to us: admin@rrpp.com.au or 69212168
2. RRPP is a **registered provider for NDIS**. Our registration number is **4050036399**
3. RRPP is registered to provide services under **Improved Daily Living – Therapeutic Supports**. We do not provide Early Childhood Supports, nor Specialist Behaviour Support.
4. RRPP is unable to accept referrals for anger management. Please seek support via Specialist Behaviour Support service providers
5. Upon receipt of this referral form RRPP will assess each referral and if accepted will allocate you to an appropriately matched psychologist in our practice. We will contact you with our first available appointment.
6. RRPP will send you or your nominee a Service Agreement which needs to be signed and returned prior to your first appointment.

About you:

Name	
NDIS number	
NDIS plan period	Plan start date: _____ Plan end date: _____
Primary disability	
Secondary disability	
Date of Birth	
Address	
Telephone	
Email	
Do you need support to access the building, or appropriate seating? If yes, please provide details:	
Do you have any religious or cultural beliefs you would like respected? If yes, please provide details:	
Do you require support to communicate? If yes, please provide details:	

About your NDIS goals

Which NDIS goal in your plan would you like our support to work towards?	
<p>Which service would you like to access?</p> <p>Note: Our fees are set at the NDIS gazetted price guide rate. 1 unit = 1 hour. Service delivery will include a combination of direct and indirect hours.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual therapy support (psychology) for participants over 7 years of age <input type="checkbox"/> Functional assessment of psychosocial disability (Support Item: 15_054_0128_1_3; Qty = 7 units) <input type="checkbox"/> Functional assessment of psychosocial disability for supported independent living (SIL) (Support Item: 15_054_0128_1_3; Qty = 7 units) <input type="checkbox"/> Functional assessment of cognitive functioning (Support Item: 15_054_0128_1_3; Qty = 8 units) <input type="checkbox"/> Functional assessment to inform Autism level (Support Item: 15_054_0128_1_3; Qty = 10 units) 	
<p>How is your NDIS plan managed?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I self-manage my plan <input type="checkbox"/> I have a plan manager who makes sure my services are paid <input type="checkbox"/> My plan is agency managed; service providers invoice NDIS via PRODA directly 	
<p>Who is in your support team?</p> <p>Please tick which of these people below do you want to receive reminder messages about your appointments? Please send reminders to my mobile phone too <input type="checkbox"/></p>	
<input type="checkbox"/> Nominee	
Relationship to you	
Nominee Telephone	
Nominee Email	
<input type="checkbox"/> Support Coordinator (SC)	
SC Telephone	
SC Email	
<input type="checkbox"/> Plan Manager (PM)	
PM Telephone	
PM Email	

Safe place/zero tolerance policy:

RRPP has a responsibility to provide a **safe place** for all people visiting and working in our building.

We will not tolerate: verbal abuse, physical abuse, swearing, yelling, threatening or intimidating behaviour.

Failure to respect our policy will result in you being asked to leave our building immediately and you may be excluded from future services.

By activating this referral, you accept our safe place/zero tolerance policy.