



Enhanced Supports: Support Coordination Intake Information Form

Referral Source

☐ NDIS/myplace Portal

☐ Local Area Coordinator

☐ Participant Self-Referral

☐ Hospital/Health Service

☐ Family Member/Nominee

☐ Other:

☐ NDIA

Date Referral Received:

Received By:

Participant Details

Participant Name:

NDIS Number:

Date of Birth:

Address:

Phone:

Email:

Preferred Contact Method:

☐ Phone

☐ Email

☐ SMS

☐ Other:

Preferred Language:

Interpreter Required?

☐ Yes

☐ No

Participant Decision-Making

Primary Decision Maker:

☐ Participant

☐ Guardian

☐ Plan Nominee

☐ Informal Support

Name:

Relationship:

Contact Details:

NDIS Plan Information

Plan Start Date:

Plan End Date:

Support Coordination Funding:

☒ Support Coordination ☐ Specialist Support Coordination

Funding Amount (if known):

Risk of Funding Exhaustion:

☒ Yes ☐ No ☐ Unknown

Current Supports

Provider	Service	Contact

Support Coordinator Currently Involved?

☒ No ☐ Yes

Reason for Change:

Goals and Referral Purpose

What assistance is being sought?

- ☐ Service implementation
- ☐ Linking with providers
- ☐ Housing
- ☐ Employment
- ☐ Education
- ☐ Health
- ☐ Behaviour Support
- ☐ Psychosocial Recovery
- ☐ Crisis Management
- ☐ Other:

Participant's priorities:

Risks and Complexities

Are any immediate risks known?

- ☐ None Known
- ☐ Self-neglect
- ☐ Homelessness Risk
- ☐ Mental Health Concerns
- ☐ Behaviour of Concern
- ☐ Safeguarding Concerns
- ☐ Family Violence
- ☐ Child Safety Concerns
- ☐ Substance Use
- ☐ Justice Involvement
- ☐ Hospitalisation Risk
- ☐ Other:

Details:

Consent

Has consent been obtained to receive services?

- ☐ Yes
- ☐ No
- ☐ Verbal Consent

Date Obtained:

Please submit this form by emailing a completed copy to:

enhancedsupport@familybasedcare.org.au