## Completing this form

Please complete this form if you are interested in receiving supports from OC Connections. You can ask someone you trust to help you or to complete this form on your behalf. Alternatively, if you would like someone from OC Connections to help you, you can:

* contact a specific OC Connections worker verbally or in writing.
* send an email to [enquiries@occonnections.org](mailto:enquiries@occonnections.org) or call [(03) 9569 0603](tel:(03)%209569%200603).
* attend an OC Connections site in person.

Once you have completed the form, please send it to us. You can:

* email it to [enquiries@occonnections.org](mailto:enquiries@occonnections.org) and it will go to our intake team.
* send it by post to:
  + NDIS Manager Intake and Planning, PO Box 127, Oakleigh, 3166
* give it directly to any OC Connections staff member at one of our locations.
* email it to your preferred OC Connections staff member.

## Section 1: Participant details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First name:** |  | **Surname:** |  | | | |
| **Date of birth:** |  | **Gender:** | Male | | Other | |
| Female | | Prefer not to say | |
| **Phone:** |  | **Email:** |  | | | |
| **Address:** |  | | | **Post code:** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred contact method:** | Phone | Email | Post |
| **Preferred contact times:** | Morning | Afternoon | Any time |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you identify as an Aboriginal or Torres Strait Islander?** | Yes | No | Prefer not to say |
| **Do you identify as Culturally and Linguistically Diverse?** | Yes | No | Prefer not to say |
| **Please detail any other information relating to culture, diversity, values, or beliefs that you would like us to know?** |  | | |

## Section 2: Participant representative details

Please complete this section if one or more of the following are true (tick the relevant box(es)):

A representative is completing this form on behalf of the participant.

The participant is under the age of 18 years of age.

The participant has a legally appointed decision maker (guardian).

The participant would like to nominate someone to be contacted on their behalf.

If none of the above are true, move to section 3.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name:** | |  | | | | | |
| **Organisation (if applicable):** | |  | | | | | |
| **Relationship to the participant:** | | Advocate  Family member  Guardian | | Plan nominee  Support coordinator  Other (please specify): | | | |
| **Phone:** |  | | **Email:** | |  | | |
| **Address:** |  | | | | | **Post code:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred contact method:** | Phone | Email | Post |
| **Preferred contact times:** | Morning | Afternoon | Any time |

|  |  |  |
| --- | --- | --- |
| **Are you completing this form on behalf of the participant?** | Yes | No |
| **Does the participant consent for you to provide this information on their behalf?** | Yes | No |
| **Does the participant consent for you to be the primary contact person regarding this service enquiry?** | Yes | No |

## Section 3: Emergency contact details

Please provide the contact information of who we should contact in the event of an emergency.

Tick if the emergency contact details are the same as the details in section 2.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full name:** | |  | | | | |
| **Organisation (if applicable):** | |  | | | | |
| **Relationship to the participant:** | |  | | | | |
| **Phone:** |  | | **Email:** |  | | |
| **Address:** |  | | | | **Post code:** |  |

## Section 4: Service request

Please select one or more OC Connections service(s) that you are interested in:

|  |  |  |  |
| --- | --- | --- | --- |
| **My days** | | | |
| Day support (Oakleigh) | Casey Support Hub | | Weekend activities |
| **My home** | | | |
| Short term accommodation | | In home respite | |
| Supported Independent Living (SIL) | | Supported Disability Accommodation (SDA) | |
| **My work** | | | |
| Supported employment | | School leaver employment | |
| **My Plan** | | | |
| Level 1: Support connection | | Level 2: Support coordination | |

|  |  |  |
| --- | --- | --- |
| **Do you have NDIS funding for the services requested?** | Yes | No |
| **If no funding is currently available, what is the funding status?** | * NDIS application not yet sent. * NDIS application sent but no outcome. * Other (Please Specify) | |
| **Additional information or comments:** |  | |

## Section 5: NDIS Plan Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NDIS participant number:** |  | | | |
| **Current plan dates:** | *Start date:* |  | *End date:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan funding (choose all that apply):** | Agency managed | Self-managed | Plan managed |

|  |  |  |  |
| --- | --- | --- | --- |
| **Support coordinator details (if applicable)** | | | |
| **Name:** |  | **Organisation:** |  |
| **Phone:** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan manager details (if applicable)** | | | |
| **Name:** |  | **Organisation:** |  |
| **Phone:** |  | **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Copy of NDIS plan provided:** | Yes | No |

## Section 6: Support needs and preferences

|  |  |  |
| --- | --- | --- |
| **Disability/medical information** | | |
| **Formal diagnosis/disability – primary:** |  | |
| **Other disabilities diagnoses:** |  | |
| **Medical diagnoses:** |  | |
| **Allergies:** | Yes, please detail: | No |

|  |  |  |
| --- | --- | --- |
| **Current work or study situation:** | | |
| Supported employment | Open employment | School |
| College or university | Volunteering | Other (please specify): |

|  |  |  |
| --- | --- | --- |
| **Current living situation:** | | |
| Own home/living alone | Own home/living with family or friends | Supported accommodation |
| Temporary accommodation | Homeless | At risk (e.g., violence, eviction) |
| Other (please specify): | | |

|  |  |  |
| --- | --- | --- |
| **Communication** | | |
| **Languages spoken (other than English):** |  | |
| **Interpreter required:** | Yes | No |
| **Communication needs:** | Verbal | Non-verbal |
| Use communication aids (please specify): | Other (please specify): |

|  |  |  |
| --- | --- | --- |
| **Behaviour support** | | |
| **Behaviours of concern** | Yes | No |
| **Positive behaviour support plan in place:** | Yes | No |
| **Please detail types of behaviours (if applicable):** | Physical/verbal aggression to self | Physical/verbal aggression to others and/or Property |
| Wandering (running away) | Withdrawal |
| Inappropriate sexual behaviour | Other (please specify): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities of daily living** | | | |
|  | Independent | Needs some assistance | Needs full assistance |
| **Decision making** |  |  |  |
| **Shower/bath** |  |  |  |
| **Toileting** |  |  |  |
| **Grooming** |  |  |  |
| **Dressing** |  |  |  |
| **Eating and drinking** |  |  |  |
| **Mobility (walking/moving around)** |  |  |  |
| **Keeping safe e.g. in the community** |  |  |  |

## Section 7: Other information

|  |
| --- |
| **Please detail any other information that is relevant to your (the participant’s) enquiry or support needs:** |
|  |

## Section 8: Declaration

This part needs to be signed by the person that completed the form.

I confirm that:

* I understand that OC Connections collects and retains personal information so that they can carry out their business activities.
* I understand can learn more about how OC Connections handles personal information on our [website](https://occonnections.org/website-privacy-policy/) or by asking for a copy of our Privacy Policy.
* I consent for OC Connections to use the information provided in this form to complete their intake and onboarding activities.
* The information provided in this form is complete and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
| **Signature:** |  | | |