

Accommodation Referral Form – Adult

This form is designed to be completed by anyone who would like to refer a participant to our Accommodation services. Please fill out as much as you can - this will help us learn more about the participant as a person; their personality; and individual needs.

Name				
Date of Birth				
Current Address				
Phone Number				
Carer/Guardian's Name(s) and Contact Details				
PTR Referral Date				
NDIS Plan Number		Plan Start Date:	Plan End Date:	
How is the person's NDIS plan managed?	<input type="checkbox"/> Agency Managed <input type="checkbox"/> Plan Manager <input type="checkbox"/> Self-			
Do any of the following services support the person, or do you have any previous reports:	Service	Name	Report Available	Tick if Current
	<input type="checkbox"/> Behavioural Support		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Psychology		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> OT		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Speech Pathology		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
	Please provide a copy of any reports you may have to support the implementation of supports for the participant.			
Primary Diagnosis				
Do they have any other illnesses or allergies?				

About the person

Brief History	
How do you describe the participant? What things do they enjoy?	
Can you tell us about their family situation and friends? (please include current living arrangements)	
Are they in receipt of a DSP? If No, please describe their income source. Does anyone help them manage their money?	
Do they use drugs or alcohol? (Please describe)	
Is there anything specific which may upset the person? (E.g. smells, feelings, large crowds, etc.)	
If they were to get really frustrated or upset, what things would we notice?	
If they got really upset or worried, is there anything that helps to calm them down?	

How would you describe the person's strengths? Do they have any dreams/goals for the future?

Do they have a preference for male or female staff:

Males

Females

No Preference

What areas would you like us to work with the person on as a priority?

Is there anything you would like us to know about the participant?

Accommodation Needs

To ensure the right accommodation option is considered for the person you are referring, please complete the following:

Accommodation History					Please Provide Details if applicable:
Has the person lived in Supported Accommodation or an SRF (Supported Residential Facility) before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has the person ever been excluded from Supported Accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Which areas of South Australia would the person prefer to live in?	<input type="checkbox"/> Northern <input type="checkbox"/> Western <input type="checkbox"/> Eastern <input type="checkbox"/> Adelaide City <input type="checkbox"/> Gawler/Barossa Valley				
If applying for current PTR vacancies, please indicate which property:	<input type="checkbox"/> Elizabeth North (female only) <input type="checkbox"/> Hendon				
Does the person have a current NDIS plan with SIL (Supported Independent Living)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Expected Level of Support Required:	<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:2	<input type="checkbox"/> 1:3	<input type="checkbox"/> 1:4	
Is the person able to share with:	<input type="checkbox"/> Males Only		<input type="checkbox"/> Females Only		<input type="checkbox"/> Mixed
Any other relevant information:					

Areas of Concern

To ensure the safety of all of the people we work with, we need to be aware of any areas of concern that you or others may have. We would like to assure you that any information disclosed is private and confidential and will only be used to ensure we are providing the right support for the individual.

Risks	Agression/Violence			Suicide/Self Harm			Vulnerability/Neglect			Physical Health		
	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown
Have you had any concerns more than 6 mths ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had concerns less than 6 mths ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone else expressed concerns in the last 6 mths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you would like us to know about any areas of concerns?

You have the right not to answer any questions you would prefer not to, however this could impact the quality of supports you receive. If you have any concerns about completing this form please call Sally Ryan (Pathways To Recovery) on 0423 272 695 to discuss your concerns.