***EXTRACARE Home Services Pty Ltd.***

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**Telephone: 4983 1322 Fax:** 4983 1133 ABN 23 107 628 688

**Extra Care Home Services Request for services for NDIS Participants.**

Thank you for your enquiry today. We will need some further information before we can confirm availability of services.

1. **Participant Details -**

**Full name :…………………………………………………………………………………….**

**Address :…………………………………………………………………………………………………………**

**Telephone number :…………………………………………………………………..**

**Email :……………………………………………………..…………..**

**Date of Birth:……………………………………………………..Gender:……M………F….…Other………**

**Interpreter Required?..........YES…….NO**

**Do you identify as aboriginal or Torres strait islander?...............................................**

**Emergency contact name & phone numbers :……………………………………………….……**

**Relationship to participant?**

1. **Disability/ Medical conditions Including diagnosis if relevant.**

**1.**

**2.**

**3.**

**Level of Care? Low Medium**

**Are there any behavioural problems or health issues that may affect the service provision?**

**......................................................................................................................................**

**Do you use any special equipment? (walking frame, hearing aid etc.)**

**.................................................................................................................................................**

**Doctors Name & Telephone?...........................................................................................................**

1. **Funding.**

**Are you NDIS managed? Are you self-managed? Are you plan managed?**

**Details: NDIS customer number: 43**

**Actual Start date of plan: ………………….…………………End Date of Plan:………………………………..**

**Funding currently available for the services required: $**

**Please provide details for invoices to be sent to (only if your plan managed) –**

**Plan manager details?.............................................................................................................**

**Name: Email: Comments:**

**Support co Ordinator details?...............................................................................................**

1. **Requested Service Requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Service:** | **Preferred Days:** | **Hours Requesting:** | **Preferred Start Time:** |
| **Domestic** |  |  **Hours** |  |
| **Personal Assistance** |  |  **Hours** |  |
| **Community Access** |  |  **Hours** |  |

**Please provide detailed description of tasks?**

**Are these services weekly or fortnightly? Weekly / Fortnightly**

**Would you like your services to be provided on public holidays if available? Yes / No**

**Are there any environmental risks or hazards that Extracare should be aware of before services commence: e.g. a dog, etc.?............................................................................**

**Is there a lockbox? Yes / No**

1. **Preferences**

**Religious requirements?..................................................................................................**

**Cultural Requirements? ..................................................................................................**

**Communication device? ..................................................................................................**

**Other considerations? .....................................................................................................**

1. **Goals and aspirations.**

**What do you want to achieve for yourself – life skills, physically, socially etc?**

**Immediately-**

**In the next 6months –**

**Next year –**

We will contact you when we have the above information and check details through the NDIS.

Please note funding for kilometres: Up to an additional 20 minutes per hour may be charged against each service visit as a contribution towards staff travel cost between jobs. Usually the cost is calculated as 15 minutes of the base hourly rate.

For Community Access a charge of 1 hour will be incurred for every 60 kilometres travelled beyond 20 kilometres. An estimate of these amounts will be included in our Service Booking.

Before commencing services, we will send you a Service Agreement to be signed and returned. This will show the services to be provided, costings and proposed start date.

**I understand that:**

1. These records are owned by this organisation.
2. Information within these records will be shared with other staff within the

organisation on and only when staff require the information to carry out their duties

1. I can ask to see records and receive a copy
2. Records are archived for a set period according to policy and procedure
3. I understand that all information obtained will be kept confidential.

To the best of my knowledge, the information provided in this form is true and correct:

Signature of Participant or Parent/Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_