Waypoint Referral Form

Participant Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Date of Birth: |  | Age: |  |
| Cultural Background: |  | Primary Language: |  |
| Gender/ Pronouns: |  | | |
| Address: |  | | |
| Funding Type | NDIS  Private | | |
| Participant hobbies, interests & motivators:  (Animals, art, being outdoors, movement, etc.) |  | | |

NDIS Information

|  |  |  |  |
| --- | --- | --- | --- |
| NDIS Number: |  | | |
| Plan Dates: |  | | |
| Plan Type: | Agency Managed  Plan-Managed  Self-Managed | | |
| Plan Manager: |  | Email: |  |
| Available Budget: | $ | | |
| For NDIS participants:  We can support funding through the following categories:   * Capacity Building – Improved Daily Living * Capacity Building – Increased Social and Community Participation *(Innovative Community Participation)* * Core – Community, Social and Recreational Activities   *(Please indicate which categories apply)* | | | |

Primary Contact

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Relationship to Participant: |  | Phone: |  |
| Preferred Contact Method: |  | Email: |  |

Referrer Details (if different to primary contact)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Relationship to Participant: |  | Phone: |  |
| Organisation: |  | Email: |  |
| Date of Referral: |  | | |

Support Needs

|  |  |
| --- | --- |
| Disability/ Diagnosis: |  |
| Behaviours of Concern:  (Please list any BoC, and provide Positive Behaviour Support Plan) |  |
| Sensory Needs/ Triggers: |  |
| Support Needs:  (mobility, communication aids, nonverbal, 2:1 supports, etc.) |  |
| Medical Considerations |  |
| Other Relevant Support Information |  |
| Allergies: |  |

Program Goals

|  |  |
| --- | --- |
| What would the participant like to get out of Waypoint? |  |
| Are there particular skills or outcomes you’re hoping to develop? |  |

Availability

|  |  |
| --- | --- |
| Preferred Session:  (days/times) |  |
| Who will be attending?  (Each participant is to be accompanied by support workers/ guardian/ parent) |  |

Attachments

NDIS Plan Goals

Behaviour Support Plan

Other relevant assessments or reports

Please return completed referral form and attachments to [admin@yjyw.com.au](mailto:admin@yjyw.com.au)