

471 Wollombi Road Farley NSW 2320

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ABN 53 650 001 497

 ${\it Maitland\ Community\ Support\ is\ a\ registered\ NDIS\ service\ provider}$

Referral for Services

NAME:			 	
ADDRESS:			 	
PHONE NOS:				
EMAIL:			 	
DATE OF RIDTH	. /	/		

What would you like information on?

- Weekly Support in the community or home
- Respite at Salamander Bay
- Respite at Farley Cabin Farm stay
- Supported Independent Living at the Farley Farmhouse
- Other

NDIS No & REVIEW DATE: (if applicable)				
How is your NDIS managed?				
Tion is your 1020 managed.				
□ Self-managed				
 Plan managed - please provide name and email address of plan manager or COS 				
□ NDIA managed				
REFERRAL FROM:				
FREQUENCY: Weekly Fortnightly Other				
What days / dates were you hoping for?				
How did you hear about Maitland Community Support?				

Comments or Message:	
REASON FOR REFERRAL:	
MEDICAL HISTORY	
CURRENT MEDICATION	
OTHER INTERVENTIONS/THERAPIES (Including names and contact details of therapists) e.g., speech pathologist, psychologist, psycho	ogist

Likes
DISLIKES
AUDITORY / SENSORY SENSITIVITIES
OTHER FAMILY MEMBERS
OTHER RELEVANT INFORMATION
How is it for you stepping up and down stairs WITH a railing/wall?
□ Easy□ Need Assistance□ Not possible
DATE OF REFERRAL: / /