Referral for - Be Positive Therapy

Referral for - Be Positive Behaviour Support

**Participant details**

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| First Name: | Last Name: | Date of Birth: |
| NDIS Plan number:  Plan Start date -  Plan End Date - | Contact number for Participant:  Email:  Or, please contact nominated person below | Preferred Language:  Interpreter required?  Yes  No |
| Address: | | |
| Living Arrangements: (tick all that apply)  Private Home  With Family Alone  Rental Property  Supported Facility  Other – please specify: | | |
| NOK of Kin or nominated person:  Contact details: (Phone) - (Email) - | | |

**Referrer Details:**  Check box if you are referring yourself

|  |  |  |
| --- | --- | --- |
| Name: | | Organisation: |
| Job Title:  Support Coordinator  LAC  Family  Other | Email: | |
| Phone contact: | |

**About the participant:**

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| **Disability:** | |
| **Other relevant conditions:** | |
| **Reason for referral: (with minimum hrs)**  Functional Behaviour Assessment(20hrs)  Behaviour Support Plan only (15hrs)  Functional Assessment (10hrs)  Home Modification (TBA)  Assistive Technology (TBA) | Housing Assessment (15-20hrs)  Progress Review (5hrs)  Therapy Services (hourly)  AAT Functional (12-20hrs)  Paediatric Services (hourly) |
| **Hourly service rate: (per hour)**  Positive Behaviour Support - $214.41 (VIC) $234.83 (TAS: MMM1 – 5) $328.76 (TAS: MMM6)  Other NDIS services: - $193.99 MMM1 – 5 (VIC/TAS), $271.59 MMM6 (VIC/TAS) | |
| **Total hours to be allocated from your budget:**  Improved Daily Living – I allocate \_\_ number of hours  Improved Relationships – I want to allocate \_\_ number of hours | |
| **Invoice to be paid by**  **NDIS** (I authorise Be positive to create a service booking for the hours listed above)  **Plan Manager**  First and last name of Plan Manager:  Name of organisation:  Email:  **I am self-managed**   * Name of person responsible for paying the account: * Phone contact: * Email address: | |

Please send this completed referral form to and where possible a copy of your NDIS plan goals to: [info@bepositivetherapy.com.au](mailto:info@bepositivetherpay.com.au) P: (03) 9112 5982

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