[ ]  Referral for - Be Positive Therapy

[ ]  Referral for - Be Positive Behaviour Support

**Participant details**

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

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