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| --- | --- | --- | --- | --- |
| **If a young person has either confirmed or suspected disability related needs and is currently accessing or is likely to apply to access the NDIS in the future, their case manager must complete this form and attach it to the Stage I Referral Form.** | | | | |
| YOUNG PERSON DETAILS | | | | |
| First Name |  | Last Name |  | |
| Has the young person provided informed consent to share additional information about their situation and/or disability? | | Yes  No  If No, give details | | |
| What option best describes the young person’s current situation? | | NDIS participant (access request met)  NDIS access request in progress (diagnosed disability)  Provide details:  NDIS access request required (suspected/ undiagnosed disability)  Provide details: | | |
| Does the young person acknowledge that they are living with a disability? | | Yes  No  If No, give details: | | |
| OVERVIEW OF DISABILITY/SUPPORT NEEDS (physical, intellectual, cognitive, neurological, visual, hearing or psychosocial) | | | | |
| Provide basic details of the diagnosis, including the date of diagnosis.  OR  Provide details of any suspected disability | |  | | |
| Is there a current NDIS plan in place? | | Yes  No  If no, please give details: | | |
| What option best describes the current engagement with a Disability Service Provider/s? | | Provider/s in place – receiving services  Provider/s in place – not receiving services  Provider/s to be identified  Provide details: | | |
| Disability Service Provider Contact Details | | 1. Provider Name:   Key Contact:  Tel: Email:   1. Provider Name:   Key Contact:  Tel: Email:   1. Provider Name:   Key Contact:  Tel: Email: | | |
| If relevant, Support Coordinator Details | | Provider Name:  Key Contact:  Tel: Email: | | |
| What NDIS supports are funded to meet the young person’s disability related needs  e.g., assistance with daily life, communication, social and community participation, assistive technology, therapy supports etc.? | |  | | |
| How frequently are NDIS supports needed to help the young person reach their goals? | | Fortnightly or less  Weekly | | Multiple times/week  Daily |
| Has the young person completed a Functional Capacity Assessment?  Can a copy of the Functional Capacity Assessment be attached to this form? | | ☐ Yes ☐ No    ☐ Yes  No  NA | | Date of Assessment: |
| What disability related support needs, not noted above, have been identified through formal assessment or worker observation  e.g., personal care, mobility, communication, cognitive function, employment, social/relationships etc.? | |  | | |
| ROLE OF HOME STRETCH WA PROVIDER | | | | |
| What support could Home Stretch WA offer the young person? | |  | | |
| What role would a Transition Coach play as part of the young person’s network of supports? | |  | | |
| CARER/LIVING ARRANGEMENT DETAILS – Consider Consultation with Placement Officer | | | | |
| Is the carer eligible or in receipt of specific financial support payments  For example, Carer Payment, Carer Allowance, Carer Supplement etc. | | Yes  No  If Yes, please give details | | |
| Will the carer be applying for a Staying On Agreement and Subsidy? | | Yes  No | | |
| APPOINTMENT OF GUARDIAN OR ADMINISTRATOR | | | | |
| Is it expected that the young person will be appointed a legal Guardian or Administrator from 18 years of age? | | | | Yes  No |
| Details of any current or future planned Guardian/Administrator Order | |  | | |
| Name of Guardian and/or Administrator | |  | | |
| Contact Details | |  | | |