Calvary
Health Care Bethlehem

NDIS Provider Service

Request for NDIS Supports

Address: 476 Kooyong Road, Caulfield South VIC 3162
NDIS Coordinator phone number: (03) 9834 9358
Email: BethlehemNDIS@calvarycare.org.au

U.R. Number _____

Surname _____

Other names _____

D.O.B _____

Instructions for completing this form: Please email completed form with a copy of the current NDIS plan (email above)
This form may be completed by the participant or on behalf of the participant.
This form will be scanned into the participant's CHCB medical record
Information in this form will be kept private and confidential and only used for the purpose of accessing and setting up supports

Person completing form: Date:

1. NDIS Participant Details:

First name		Phone	
Surname		Email	
Date of Birth		Country of birth	

Address	Street address			
	Town/city		Post code	

Is the participant known to Calvary Health Care Bethlehem from current or previous services received?	No: ☐ If yes, tick all that apply: Community Palliative Care ☐ Inpatient Service ☐ Clinic (SPNDS) ☐ NDIS Provider Service ☐
Does the participant have an emergency and disaster management plan?	Yes: ☐ *If yes please provide us with a copy No: ☐ Comments: Click or tap here to enter text.
Does the participant have an Advanced Care Plan in place?	Yes: ☐ *if yes please provide a copy No: ☐

Does the participant identify as Aboriginal and/or Torres Strait Islander?		Yes: ☐ No: ☐
Does the participant require an interpreter?	Yes: ☐ No: ☐	*If yes, state preferred language:*

Who should we contact to discuss setting up supports and appointments? Participant ☐ Alternative contact ☐	Alternative contact name	
	Phone/email	
	Relationship to participant	

2. Decision Maker Details

Is there another person appointed to make decisions on behalf of the participant? **Not Applicable** ☐

Name		Relationship to participant	
Phone number		Email	
Decision-making capacity *(plan nominee, power of attorney, guardian etc.)*			

3. NDIS Plan Details: *Please attach copy of current NDIS plan or relevant sections

NDIS number			
NDIS Plan Dates	Start date:	End date:	
How are the funds in the Capacity building budget of the plan set up? *Tick multiple if more than one applies where several supports are being arranged*	NDIA ☐ *(Agency managed)*	Plan managed ☐	Self-managed ☐
		Plan manager name:	Person receiving invoices:
		Email address for invoices:	Email address for invoices:

4. Support Coordinator Details — Not Applicable ☐

Name		Organisation	
Phone		Email	

5. Home Environment and Alerts

Who lives on the property?	
Are there any alerts or considerations for visits to the property?	

6. NDIS Plan Goals *Please list all goals on current NDIS plan

7. Relevant Participant Information

Diagnosis, description of current function and other supports/services involved

For example: Mobility, participation in ADLs, swallowing, nutrition, communication

8. Supports requested

State supports required, goals/issues to address, allocation of funding/hours if known

For example: Dietitian 20 hours, improved health and wellbeing. To develop a nutrition plan and educate carers