

ACHIEVE DISABILITY SERVICES PTY LTD is a newly established organisation, providing quality, person centred supports. We prioritise the required needs of all NDIS participants and focus firmly on developing the best quality of life, and achieving personal goals. **ACHIEVE DISABILITY SERVICES PTY LTD** specialises in the following supports:

- Shared Accommodation / Tenancy
- Support Coordination
- Assistance with Daily Life
- Community Participation 1:1, 1:2, 1:3
- Respite / Weekend outings 1:1, 1:2, 1:3
- Transportation
- House and Yard Maintenance

ACHIEVE DISABILITY SERVICES PTY LTD provides supports across Adelaide and its entirety, stretching North, East, South and West of the CBD

Further contact can be made to **ACHIEVE DISABILITY SERVICES PTY LTD**, via:

- Phone: 0466 661 494
- Email: admin@achievedisabilityservices.com
- Website: <https://www.achievedisabilityservices.com>

Feel free to also check us out on social media:

- Facebook: <https://www.facebook.com/profile.php?id=100086799560547>
- LinkedIn: <https://www.linkedin.com/company/90406184/admin/>

Referral Form

Participant details *

Full name: _____ Participant NDIS Number: _____
Date of birth: DD / MM / YYYY
Mobile: _____ Phone: _____
Email: _____
Address: _____
Alternative contact person: (name & number)

Mode of communication *

Language: _____ Preferred Language spoken: _____
Interpreter required: ☐ Yes ☐ No
Preferred method of communication:
☐ face to face ☐ phone call ☐ text message ☐ email
☐ letter ☐ visual (images/videos) ☐ contact with my advocate/representative

Engagement preferences *

	With who	How (mode of engagement)	How often
<input type="checkbox"/> family			
<input type="checkbox"/> friends			
<input type="checkbox"/> community			

NDIS Funding Information *

Is this a transition from another provider? ☐ Yes ☐ No
NDIS Number: _____
Start date of NDIS Plan: DD / MM / YYYY End date of NDIS Plan: DD / MM / YYYY
Funding: ☐ Plan Managed ☐ NDIA Managed ☐ Self-Managed ☐ Other (Please Specify): _____
☐ Other (Please Specify): _____
Plan review date (must be reviewed within 12 months under the NDIS rules) DD / MM / YYYY
Contact Details for Invoices (If applicable):
Full name: _____ Contact Number: _____
Email: _____

Referral Form

GP details *

Full name:

Mobile:

Email:

Address:

Diversity and cultural background *

Country of Birth:

☐ Aboriginal

☐ Torres Strait Islander

☐ Neither

☐ Both

☐ Refugee

☐ Asylum Seeker

☐ Neither

Religion:

Type of disability: *

Current health status: *

Summary of the Participant's strengths, goals, concerns: *

Provider details (referral too)

Name: **ACHIEVE DISABILITY SERVICES PTY LTD**

admin@achievedisabilityservices.com

Phone: 0466 661 494

Email:

Address: 28a Stewart Avenue, Northfield, SA, 5085

Postal address: Same as above

Provider details (referral from) *

Name:

Referral Form

Phone:

Email:

Address:

Postal address:

Referral details and reasons *

Date of referral:

Summary of the referral reasons:

Risk assessment

Risk	Risk rate (Low/Medium/High)	Treatment Control Measures	Responsibility	Review (re-assessment)
*				

Sign off

Participant:

Signature:

Date:

DD / MM / YYYY

Provider (referral to/from):

Signature:

Date:

DD / MM / YYYY

**ACHIEVE DISABILITY
SERVICES PTY LTD**

Signature:

Date:

DD / MM / YYYY