



Samaritans

Compassion Integrity Justice

# Request for Service Form

<b>Participants details</b>		Date:
Name:	Date of Birth:	Age:
Participant's Phone:	Participant email:	
Address:		Post Code:
State: NSW	Does the participant identify as Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender:	Preferred contact method:	
NDIA Number/ funding details: <b>Please note NDIS Plan is needed to progress</b>		NDIS Plan shared? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your primary diagnosis?		
Do you have other significant disability groups?		

**Which supports you are looking for?** (please tick and detail where appropriate)

- Coordination of supports (COS)    Supported Independent Living (SIL)    Cleaning services

**Allied Health and Behaviour supports**

- |   |  |
|---|--|
| <input type="checkbox"/> Speech Therapy       | <input type="checkbox"/> Therapy assistant |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Psychology        |
| <input type="checkbox"/> Physio Therapy       | <input type="checkbox"/> Behaviour support |
|   | <input type="checkbox"/> Other:            |

**Behaviour support** (continued)

- |  |   |
|--|---|
| How high is the risk to self and others? | What is the likelihood of this occurring? |
| <input type="checkbox"/> Minor           | <input type="checkbox"/> Rarely           |
| <input type="checkbox"/> Moderate        | <input type="checkbox"/> Occasionally     |
| <input type="checkbox"/> Major           | <input type="checkbox"/> Always           |

Reason for Behaviour support being needed:

What has been tried:

NDIS item that will support will be funded under:

**Group Supports** *N.B NDIS item needed: Social and Community Participation– under Core supports*

Our days programs run from 9-3pm Monday – Friday (Over 18 years of age)  
Saturday groups – ages vary per region, not all regions do Saturday groups– *please discuss with Intake*

Please select the days you are interested in attending: please highlight/circle

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--------	---------	-----------	----------	--------	----------

Please return to: [supportadvisor@samaritans.org.au](mailto:supportadvisor@samaritans.org.au)



# Samaritans

Compassion Integrity Justice

## Request for Service Form

### Individuals Supports

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Preferred times							
Are these flexible?							

Tell us about your staff preferences:

What will we be doing on your support?

### Communication and environment:

Any communication needs we need to know about? n/a

Are there any additional personal/environmental factors to be considered? E.g. loud noises

Is there Challenging Behaviours or things that upset you that we should try and avoid?

### Usual Living Arrangements:

- Lives Alone  
 Family

- Supported Accommodation  
 Other (If others please provide details)

### Additional Information:

### Parent / Primary Carer / Guardian/ Person responsible (if under 18)

Name:

Relationship to participant:

Address:

Suburb:

State: NSW

Post Code

Phone:

Mobile:

Email:

Preferred contact method:

### Referrer Details:

*(Please complete if you are receiving a referral on behalf of the participant)*

Name:

Relationship to Applicant?

Organisation: *(where relevant)*

Landline contact:

Mobile contact:

E-mail address:

Preferred contact method:

### How did you hear about Samaritans?

Please return to: [supportadvisor@samaritans.org.au](mailto:supportadvisor@samaritans.org.au)