Suite 301
12 Ormond Boulevard
Bundoora VIC 3083
(03) 8418 3307

AmeCare
Working with you on the canvas of your life

REFERRAL FORM

Surname:		**Give name(s):**	
D.O.B:		**Nickname: (optional)**	
Contact number:		**Email:**	
Address:			
Finances:	☐ Privately funded ☐ Other (please specify): _____ ☐ NDIS Participant (NDIS Ref. Number: _____) ** *Have you attached your plan or relevant section?* ☐ *Yes* ☐ *No* ** *Please note that in order to provide support we will need either a copy of your plan, relevant funding section, or allocated funding amount* ** If you are using NDIS funding, are you: ☐ Plan Managed ☐ NDIA Managed ☐ Self-managed		

Emergency Contact / Next of Kin			
Name:		**Phone:**	
Relationship to you:		**Address:**	

What is your primary diagnosis? (including dual diagnosis)

……

What services are you interested in? (Tick all that apply)

☐ Outreach Support
☐ Behaviour Support
☐ Support Coordination
☐ Accommodation (NDIS)
☐ Accommodation (Non-NDIS)
☐ Other: ……

Additional notes/comments: ……
……

We ask these questions so we can get a bit more information about you, and how to best support you. Our main goal is to make our supports as positive and beneficial for you as we can.

Tick which sentence BEST matches the intensity/capacity of supports needed:

☐ Intensive (i.e. more than 1x weekly supports)
☐ High (i.e. supports at least 1x weekly or fortnightly)
☐ Flexible (supports every 2-4 weeks)
☐ Other: (Please explain what you would like supports to look like): ……

Suite 301
12 Ormond Boulevard
Bundoora VIC 3083
(03) 8418 3307

Please give us a brief overview of your current situation (i.e. Who do you live with? Is this support stable and effectively meeting your needs? Are you currently working, studying, or attending program?)

……

……

List 3 words that sum up your personality, interests, and hobbies:

1. ……
2. ……
3. ……

What are your goals? What would you like to learn more about?

……

……

How do you best like to learn/receive information?

☐ **LISTENING –** I learn better by hearing the information
☐ **WRITING –** I learn better by writing down information I learn so I can remember it
☐ **READING –** I learn better by having the information given to me so I can read it
☐ **DOING –** I learn better through role play, actions, activities and "doing"

Do you have any of the following?

☐ Epilepsy Management Plan (last dated: ……)
☐ Behaviour Support Plan (last dated: ……)
☐ Asthma Plan (last dated……:)
☐ Anaphylaxis Plan (last dated: ……)
☐ Other: …… (last dated: ……)

Have you attached any of these plans to this referral form?

☐ Yes
☐ No - *please note: depending on the type of referral, we will need a copy of relevant plans before supports can be organised*

Has the Risk Assessment Checklist (pages 3-4) been completed? *(Please read disclaimer on page 3)*

☐ Yes
☐ No – if no, why not? ……

Suite 301
12 Ormond Boulevard
Bundoora VIC 3083
(03) 8418 3307

Risk Assessment Checklist (Page 1 of 2)

- ★ *Please note: Your answers to the Risk Assessment Checklist will not affect whether or not we can provide support. We ask you to provide this information so we can have a clear understanding of the required support and safety needs. This is particularly important if you are seeking accommodation services, as the following checklist will contribute to adequate quoting and funding for supports.*
- ★ *Tick all relevant columns where there is a risk identified, and indicate whether this poses a HIGH, MEDIUM, or LOW risk of harm to the person themselves or to others.*

RISK TO SELF							
Potential risk	**HIGH**	**MED**	**LOW**	**Potential Risk**	**HIGH**	**MED**	**LOW**
Self-neglect	☐	☐	☐	Choking, swallowing, or ingestions	☐	☐	☐
Abuse by others (i.e. financial abuse)	☐	☐	☐	Mobility on stairs	☐	☐	☐
Substance use (drug)	☐	☐	☐	Substance use (alcohol)	☐	☐	☐
Smoking (tobacco)	☐	☐	☐	Non-compliance with medication	☐	☐	☐
Using electrical appliances	☐	☐	☐	Self-injurious behaviours	☐	☐	☐
Understanding dangers	☐	☐	☐	Antisocial behaviours	☐	☐	☐
Able to communicate when in danger	☐	☐	☐	Non-engagement with supports	☐	☐	☐
Understand and follow instructions	☐	☐	☐	Falling – with or without aids	☐	☐	☐
Wandering or absconding	☐	☐	☐	Follow emergency evacuation and safety procedures	☐	☐	☐

RISK TO OTHERS							
Potential risk	**HIGH**	**MED**	**LOW**	**Potential Risk**	**HIGH**	**MED**	**LOW**
Violence to family members	☐	☐	☐	Violence to staff	☐	☐	☐
Violence to others in a group	☐	☐	☐	Violence in the community/ general public	☐	☐	☐
History of arson	☐	☐	☐	Obsession with fire, smoke, and/or heat	☐	☐	☐
Threat to children/ vulnerable people	☐	☐	☐	Sexual offences or behaviour	☐	☐	☐
History of stalking	☐	☐	☐				

Suite 301
12 Ormond Boulevard
Bundoora VIC 3083
(03) 8418 3307

Risk Assessment Checklist (Page 2 of 2)

RISKS ON TRANSPORT							
Potential risk	**HIGH**	**MED**	**LOW**	**Potential Risk**	**HIGH**	**MED**	**LOW**
Travels safely in a car	☐	☐	☐	Travels safely on public transport	☐	☐	☐
Compliance/ understanding of seatbelts	☐	☐	☐	Able to ascend / descend public transport	☐	☐	☐
Road sense and road safety	☐	☐	☐	Understand and follow instructions	☐	☐	☐
Threat to children/ vulnerable people	☐	☐	☐	Sexual offences or behaviour	☐	☐	☐
History of stalking	☐	☐	☐		☐	☐	☐

RISKS TO PROPERTY & OTHER RISKS							
Potential risk	**HIGH**	**MED**	**LOW**	**Potential Risk**	**HIGH**	**MED**	**LOW**
Damage to property	☐	☐	☐	Theft	☐	☐	☐
Other: …….. ……	☐	☐	☐	Other: …….. ……	☐	☐	☐

Name / title of person filling out this referral form:			
Signature:		**Date signed:**	

Email referral form to: admin@amecare.com.au unless otherwise specified

Our contact details

AmeCare Solutions (trading as **AmeCare**)
ABN: 19 620 924 370
NDIS Provider # 405 002 4294
Manager: Yanie Drysdale
Email: yanie@amecare.com.au

Office hours:
Mon-Fri, 9am-5pm
Phone: 03 8418 3307
Address: Suite 301 / 12 Ormond Boulevard, Bundoora VIC 3083
Web: www.amecare.com.au
Facebook/Instagram: @amecare_gems

What happens next?

1. Return the completed referral form to us via email, or post or hand-deliver it to our office
2. We will be in contact with you within 5 business days to follow up and organize a face-to-face meeting
3. If you have ticked more than 1 support for referral, we will go through the service agreement process for each support needed

(Optional) How did you hear about us?

☐ Google search/ our website
☐ Social media
☐ Word of mouth
☐ Flyers / expos
☐ Other: ……