**Referral Date:**  
 **Participant’s Full Name:**

**NDIS Number:**   
  
 **Participant’s Full Address:**

**Participant’s Email   
  
Address:**

**Participant’s Phone Number:**

*Plan-managed, self-managed, NDIA/agency-managed?*

**Client Fund Management Status**:

**Name of Plan-Manager** (*if applicable*):

**Plan End-Date:**

**Support Coordinator Name:**

**Support Coordinator E-Mail:**

**Support Coordinator Phone Number:**

**Hours of Support Required:**

**Frequency of Supports Required** *(weekly/fortnightly)***:**

**Specific requests if so required:**

**INTAKE RISK ASSESSMENT**

Are there any communication supports in place or required?  
Does the client have an authorised person, guardian, or nominee in place?  
Will they be involved in decisions relating to this service request? If yes, please provide their contact details.

Are there any current legal orders in place?

Is there a current behaviour support plan in place?

Are you aware of anything that would be a danger to a visiting worker at the residence?

Is there anything our worker must keep an eye out for, relating to the participant’s health? If yes, please be as specific as possible.

Does the participant live with anyone? What is their relationship?

Is any resident on the property ever violent or aggressive towards anyone?

Does the participant have anything in the house that would make it unsafe for workers to visit?

Does the participant own any animals? If yes, please describe how many and what type of animal/s.

Does the participant have weapons on the property?

Does the participant smoke on the premises?

Does the participant engage in risky behaviour with alcohol and/or drugs on the premises?

Is there anything additional you feel would help that you want to share with us?

**Please return to** [**enquiries@cleanandpersonal.com.au**](mailto:enquiries@cleanandpersonal.com.au)

**Unless you have provided a specific start date, we will place the job for the next week**