

**Support Coordination Referral Form**

*Please fill out the information you are willing to share with us. We’ll use this information to match you with a Support Coordinator who best meets your needs.*

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| **Date of referral:** |  |
| **Person making referral & relationship to participant:** |  |
| **Participant Preferred Name:** |  |
| **Age:** |  |
| **Suburb:** |  |
| **Disability:** |  |
| **Participant preferred contact person & method:** |  |
| **Participant Phone Number:** |  |
| **Participant Email address:** |  |
| **Does the participant/ you have a current NDIS plan?** |  |
| **Does the participant have Support Coordination in your plan? What level & how many hours/funding?**  *Please note we can only work with participants who have Support Coordination funding in NDIS Plan.* | *(E.g. Level 2: Coordination of Supports, Level 3: Specialist Support Coordination, Unsure)* |
| **Do you know how the plan is managed?** | *(E.g. NDIS/Agency, Plan, Self, unsure)* |
| **What support would you like from a Support Coordinator?** |  |

Please return form to reception or email to [supportcoordination@connectedself.com.au](mailto:supportcoordination@connectedself.com.au)