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| **Title of form:** | **Healthy Mind Hub: NDIS Group Activity Referral** |

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| Referral Date |  |

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| **Details of participant being referred** |
| Name: |  | Date of Birth: |  |
| Country of Birth |  | ATSI | [ ] Yes [ ] No |
| Address: |  | Phone: |  |
| Email: |  | Mobile: |  |
| Interpreter Required? | [ ] Yes [ ] No If yes, what language? | Gender Identity |  |

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| **Details of person making referral** |
| Name: |  | Organisation: |  |
| Position: |  | Division/Region: |  |
| Address: |  | Phone: |  |
| Email |  | Mobile: |  |
| Has referral been discussed with the participant? | [ ] Yes [ ] No | Can the participant be contact directly regarding this referral? | [ ] Yes [ ] No |

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| **Key decision maker (Nominee/Carer/Representative)** |
| Name: |  | Phone: |  |
| Address: |  | Mobile: |  |
| Email: |  | Relationship to Participant? |  |
| Interpreter required? | [ ] Yes If yes, what language?[ ] No  |

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| **NDIS Plan details** |
| NDIS number: |  | Start date: |  | End Date: |  |
| Plan attached?  | [ ] Yes [ ] No  | List Goals |  |

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| **Claiming details:** |
| [ ]  Self-managed [ ]  NDIA managed via portal [ ]  Plan Manager |
| Details of Plan Management provider: |  |

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| **Risk Assessment: Medical, Physical, Psychological and Behavioural** |
| **Existing Medical Conditions:** | [ ]  Diabetes | [ ]  Epilepsy | [ ]  Heart condition | [ ]  Allergies |
| [ ]  Other, Details: |
| **Physical Support Needs:** | [ ]  Wheelchair | [ ]  Walking Frame | [ ]  Other:  |
| ***Please note: For serious medical issues, GP/medical clearance may be required for some activities*** |
| **Psychological:** (attach safety/risk management plan if available) | **Mental health issue/****diagnosis:** |
| Risk of harm to self:  [ ]  Yes [ ]  No |  Provide details: |
| Risk of harm to others:  [ ]  Yes [ ]  No |  Provide details: |
| **Behavioural:**(attach Behaviour management plan if available) |  [ ]  Behaviours of Concern |  Provide details: |
|  [ ]  History of Aggression/Violence |  Provide details: |
|  [ ]  Forensic History | Provide details: |
| **Will you be bringing a support worker to assist you whilst attending our groups?**  |  Yes No  |

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|  **Group activity required (See NDIS Group Activity calendar for full description of group)** |
| **NDIS Group Activity Name** | Group | No. of hours per month |
| Art and Craft Activities | Art |  [ ]  |  |
| Art Explorers |  [ ]  |  |
| Virtual Art-options to join art virtually |  [ ]  |  |
| Stewart Lodge Art |  [ ]  |  |
| Glenville Lodge Art |  [ ]  |  |
| Merri Makers |  [ ]  |  |
| Wellbeing Activities | Community Lunch  |  [ ]  |  |
| Social Wellbeing  |  [ ]  |  |
| Outings |  [ ]  |  |
| Coffee and Chat |  [ ]  |  |
| Dining Out |  [ ]  |  |
| Social Lunch |  [ ]  |  |
| Health Lifestyle Activities | Water Wellness |  [ ]  |  |
| The Good Food Group |  [ ]  |  |
| CrispFit |  [ ]  |  |
| Active Hearts |  [ ]   |  |
| Special Interest Groups | Men’s Group |  [ ]  |  |
| Singing Group |  [ ]  |  |
| WEL: Women’s Support Group |  [ ]  |  |
| Are there any other types of groups that you are interested in that are not listed above? |
| Preferred days/times? |

**Please note: Our groups are funded by your NDIS package under the following:**

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| **NDIS Support Category/Item** |  |
| Group Based Activities in a Centre-Complex Needs- 1:5 ratio - TTP | 04\_205\_0104\_6\_1\_T$21.22 per hour |
| Group Activities in a Community-Complex Needs Weekday-1:3 ratio-TTP- | 04\_124\_0104\_6\_1-T$26.60 per hour |
| Access Community with Social & Recreational Activities-Level 3-Weekday-TTP- | 04­\_500­\_-0104\_1\_1\_T$67.66 per hour |

Please email completed referral form to:

Intake.CMH@merrihealth.org.au