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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 |  |  |
| Health Lifestyle Activities | Water Wellness |  |  |
| The Good Food Group |  |  |
| CrispFit |  |  |
| Active Hearts |  |  |
| Walking Wellness |  |  |
| Special Interest Groups | Singing Group |  |  |
| WEL: Women’s Support Group |  |  |

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

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| **NDIS Support Category/Item** |  |
| Group Activities in A Centre - 1:5 - High Intensity - Weekday Daytime – TTP | 04\_205\_0104\_6\_1\_T  $22.75per hour |
| Group Activities in The Community - 1:3 - High Intensity - Weekday Daytime - TTP | 04\_124\_0104\_6\_1-T  $28.58 per hour |
| Access Community Social and Recreational Activities - High Intensity - Weekday Daytime - TTP | 04\_400\_0104\_1\_1\_T  $69.15per hour |

Please email completed referral form to:

[Intake.CMH@merrihealth.org.au](mailto:Intake.CMH@merrihealth.org.au?subject=Healthy%20Mind%20Hub)