



Northern District Community Health

NDIS Referral / Request for Service

Providing NDIS Services across the Gannawarra, Loddon, Buloke Shires, Swan Hill Rural City Council, the southern end of the Wakool Shire, and western end of Campaspe Shire

Offices in Boort – Cohuna – Kerang – Pyramid Hill – Quambatook

For NDIS services to be provided under a participant's NDIS plan, we need all sections filled out below. Please send this form to NDCH along with a copy of the NDIS plan and we will contact the participant directly.

Service Provider to supply service/s:									
Agency requesting the service/s:									
Agency contact details:									
Date of request: Click here to enter a		ter a date.	Participant Name:						
Participant Address:									
Participant Contact Details:									
Participant NDIS#:				Plan Da	tes:	Click here to enter a date. to Click here to enter a date.			
Gender identity:				Date of	Birth:				
Diagnosis:					Hours available for this req		quest:		
Plan Manager (if not NDIA):							Ph:		
Plan Manager Address:						Em:			
Participant Parent/Carer:							Ph:		

\checkmark	NDIS Support Name and Support Item Reference Number	Description of Support & Support Item Reference Number	Support Price Per Unit*
	Level 2: Coordination of Supports 07_002_0106_8_3	Further qualifications/experience required to strengthen a participant's ability to design and then build their supports with an emphasis on linking the broader systems of support across a complex service delivery environment. Coordination of Supports is to focus on supporting participants to direct their lives, not just their services. This may include resolving points of crisis, and developing resilience in the participant's network.	\$100.14 an hour
	Individual Assessment Therapy and/or Training (Includes Assistive Technology) 15_617_0128_1_3	Assessment, recommendation, therapy, and/or training, including Assistive Technology. - Occupational Therapy	\$193.99 an hour

✓	NDIS Support Name and Support Item Reference Number	Description of Support & Support Item Reference Number	Support Price Per Unit*
	Occupational Therapy Speech Pathology - Under 7 years of age 15_005_0118_1_3	 Early Childhood Supports - Early Childhood Professional Developmental Educator Early Childhood Teacher or Educator Occupational Therapist Social Worker Speech Pathologist Other Professional 	\$193.99 an hour
	Individual Assessment Therapy and/or Training (Includes Assistive Technology) 15_619_0128_1_3	Assessment, recommendation, therapy, and/or training, including Assistive Technology. - Podiatry	\$193.99 an hour
	Assessment, Recommendation, Therapy or Training (including Assistive Technology) - Physiotherapy 15_055_0128_1_3	 Provision to a participant of Assessment, Recommendation, Therapy, or Training (including in assistive technology) supports. The support must be delivered by a Physiotherapist. 	\$193.99 an hour
	Physiotherapy - Under 7 years of age 15_003_0118_1_3	Early Childhood Supports - Physiotherapist	\$193.99 an hour
	Dietitian Consultation And Diet Plan Development 12_025_0128_3_3	Individual advice to a participant on managing diet for health and well-being due to the impact of their disability.	\$193.99 an hour
	Individual Assessment And Support By A Nurse 01_618_0114_1_1	Provision of care, training and supervision of a delegated worker to respond to the complex care needs of a participant where that care is not the usual responsibility of the health system.	\$151.03 an hour
	Assessment Recommendation Therapy or Training – Psychologist 15_054_0128_1_3	Assessment Recommendation Therapy or Training – Psychologist	\$214.41 Hour
	Assessment Recommendation Therapy or Training - Exercise Physiologist 15_200_0126_1_3	Assessment Recommendation Therapy or Training - Exercise Physiologist	\$166.99 Hour

The supports listed are the most common supports requested. NDCH services under the NDIS will expand and change over time. Contact us or check our website for an up to date list of services.

Plan Goals:
Additional Comments: (e.g. Participant's daily life, supports engaged, living arrangements)
NDCH Contact: Ph. (03) 5451 0200 Email: ndis@ndch.org.au
Name of person filling in this form:
If not the Participant, role of person filling in form:
\Box I declare that this Referral / Service Request has been discussed with and agreed to by the participant.
Signature: Date: / /