

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:		Participant Name:	
Participant Address:			
Participant Contact Details:			
Participant NDIS#:		Plan Dates:	To
Gender identity:		Date of Birth:	
Diagnosis:		Hours available for this request:	
Plan Manager (if not NDIA):		Ph:	
Plan Manager Address:		Em:	
Participant Parent/Carer:		Ph:	

✓	NDIS Support Name and Support Item Reference Number	Description of Support & Support Item Reference Number	Support Price Per Unit*
<input type="checkbox"/>	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
<input type="checkbox"/>	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

*All prices correct as of 7th February 2024. Please contact us to confirm any price changes.

✓	NDIS Support Name and Support Item Reference Number	Description of Support & Support Item Reference Number	Support Price Per Unit*
<input type="checkbox"/>	Occupational Therapy Speech Pathology - Under 7 years of age 15_005_0118_1_3	Early Childhood Supports - Early Childhood Professional <ul style="list-style-type: none"> • Developmental Educator • Early Childhood Teacher or Educator • Occupational Therapist • Social Worker • Speech Pathologist • Other Professional 	\$193.99 an hour
<input type="checkbox"/>	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
<input type="checkbox"/>	Assessment, Recommendation, Therapy or Training (including Assistive Technology) - Physiotherapy 15_055_0128_1_3	<ul style="list-style-type: none"> • 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
<input type="checkbox"/>	Physiotherapy - Under 7 years of age 15_003_0118_1_3	Early Childhood Supports - Physiotherapist	\$193.99 an hour
<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	Assessment Recommendation Therapy or Training – Psychologist 15_054_0128_1_3	Assessment Recommendation Therapy or Training – Psychologist	\$214.41 Hour
<input type="checkbox"/>	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.

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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: _____

☐ *I declare that this Referral / Service Request has been discussed with and agreed to by the participant.*

Signature: _____ Date: / /