

NDIS New Client Intake Form

Customer support: 1300 66 77 88

Email: ndis@alzheimerswa.org.au

Participant Details

Participant Name	Title	First name	Surname			
Preferred Name				DOB	Gender	
Phone	Home			Mobile		
Email						
Residential Address						
Postal Address (if different)						
Living Situation	Living Alone <input type="checkbox"/>	Partner <input type="checkbox"/>	Carer <input type="checkbox"/>	Parent <input type="checkbox"/>	Children <input type="checkbox"/>	Shared <input type="checkbox"/>
	Other (specify) <input type="checkbox"/>					
Language at home other than English				Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred method of communication	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone <input type="checkbox"/> Other _____			Do you identify as Aboriginal/Torres Strait Islander Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Formal diagnosis - Primary	<input type="checkbox"/> Alzheimer's Disease <input type="checkbox"/> Younger Onset Dementia <input type="checkbox"/> Other (please specify):					
Formal diagnosis – Secondary (i.e. mental disorder, physical illness, physical condition)						
Is there a Family member or Advocate to support the Participant?				<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please detail below)		
Is there a Guardianship and/or Administration order in place?				<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please detail below)		

Nominated Support Person

Nominated Support Person: 1 <input type="checkbox"/> Preferred Contact	Nominated Support Person: 2 <input type="checkbox"/> Preferred Contact
<input type="checkbox"/> Advocate <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Support Person <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Plan Nominee <input type="checkbox"/> Other:	<input type="checkbox"/> Advocate <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Support Person <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Plan Nominee <input type="checkbox"/> Other:
Name	Name
Relationship to Participant	Relationship to Participant
Residential Address	Residential Address
Postal Address (if different)	Postal Address (if different)
Home Phone	Home Phone
Mobile	Mobile
Email	Email

NDIS Plan and Services Information

NDIS Plan Details			
Reference Number			
Plan Dates			
NDIS Plan attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Support Coordinator Details (if applicable)	Contact Name:	Email address:	Phone Number:
Plan Manager Details (if applicable)	Contact Name:	Email address:	Phone Number:
Self Managed Details (if applicable)	Contact Name:	Email address:	Phone Number:

Service request (Please tick)	Funding allocation for Alzheimer's WA	Funding Management (NDIA-Managed, Plan-Managed or Self-Managed)
Allied Health		
Occupational Therapy	<input type="checkbox"/> \$	
Individual Community Supports		
Personal Supports	<input type="checkbox"/> \$	
Social Supports	<input type="checkbox"/> \$	
Group Community Supports		
Day Centres	<input type="checkbox"/> \$	
Social Support Groups	<input type="checkbox"/> \$	
Respite		
Short Term Accommodation	<input type="checkbox"/> \$	
Overnight Respite (In your home)	<input type="checkbox"/> \$	

TO COMPLETE ONLY IF PERSONAL SUPPORTS REQUIRED (Please tick if relevant)		
Personal Supports		
Please note, Alzheimer's WA does not provide High Intensity Daily Personal Activities, such as:		
<ul style="list-style-type: none"> Complex Bowel Care Enteral feeding and management 	<ul style="list-style-type: none"> Tracheostomy Management Urinary Catheter Management 	<ul style="list-style-type: none"> Ventilator Management Subcutaneous Injections Complex Wound Management
Medication administration assistance required	<input type="checkbox"/>	
Details of medications		
Behaviour Support Plan (if applicable)		
Practitioner Name	Phone	Email
Copy attached	<input type="checkbox"/>	
Epilepsy Management Plan (if applicable)		
Copy attached	<input type="checkbox"/>	

Supporting your preferences

Do you have specific preferences?	
Preferred written and spoken language	
Preference for easy read documents?	
Preferred gender pronouns	
Preferred contact method/times	
Is there any information relating to culture, diversity, values or beliefs that we need to be aware of when delivering services? <small>(Please describe)</small>	
Is there anything else you would like us to know about you that is important for how we provide our services to you?	

Collection of Personal Information and Consent

Alzheimer's WA collects and retains personal information (such as your name, date of birth, address and personal needs) so that we may provide you with services. This information may be disclosed between the NDIA and its partner agencies and other service providers that may be able to provide you with support services. Unless authorised or required by law, your personal information will not otherwise be disclosed to any other third party without your consent. Alzheimer's WA Privacy Policy can be provided on request.

Staff will only collect relevant personal information to:

- provide quality services
- carry out the functions, supports and activities on behalf of the organisation
- meet our statutory, licencing, regulatory or legal requirements

Staff shall not disclose or use personal information without the consent of the individual and/or appointed guardian/administrator without the specific written consent of the customer/guardian.

I consent for Alzheimer's WA to collect the above personal information and to create service bookings on my behalf as the Participant (for NDIS/Agency managed plans only).

Name of Client or Client Representative	
Signature	
Date	

Please return completed form to ndis@alzheimerswa.org.au

If you require support completing this form, please contact our NDIS team on 1300 66 77 88 or email ndis@alzheimerswa.org.au