

Referral Form **Technology Access Service**

275 Wellington Street, South Launceston Tasmania 7249

Local call: 1300 885 886 Email: ilc@ilctas.asn.au

Phone: 03 6334 5899 Fax: 03 6334 0045



Affix UR Sticker here

- Complete all sections for prompt processing of this referral.
- If this form is incomplete it will be returned to you.
- Please fill out the separate ILC Tas consent form which allows us to communicate with the key people who need to be involved.

Section A. Details of person being referred:

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		Postcode:	Date of Birth: Age:
Daytime phone:	Mobile:		Other phone:
Email:		What is the preferred contact method?	
Is the person Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the person Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the person require interpreter services? <input type="checkbox"/> No <input type="checkbox"/> Yes, please state the language: _____			

Section B. Primary Contact Person

It may be a parent/guardian, relative, friend, carer or other primary contact person.

Name:		Relationship:	
Address:		Postcode:	
Daytime phone:	Mobile:		Other phone:
Email:			

Section C. Referrer's Details (person completing this form):

Name:		
Name of Agency/Relationship to the client:		
Address:		Postcode:
Daytime phone:	Mobile:	Fax:
Email:		

Independent Living Centre Tas Inc is required to release de-identified statistical information about service users to the Department of Health and Human Services (DHHS). All information will be collected and stored in accordance with the Personal Information Protection Act and the Privacy Act.

Section D: Eligibility

Is the person:

<input type="checkbox"/>	Deemed eligible for specialist disability services by the Gateway? – ILC Tas may verify this with the Gateway.
<input type="checkbox"/>	<p>A client of the NDIS? Please provide the person's plan number: _____</p> <p>Does the NDIA manage the person's invoicing and payments for them? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, complete Section F</p>
<input type="checkbox"/>	<p>A compensable client? (where the client receives funding from a package or case management, MAIB, Worker's Compensation, Medico-legal, Individualised Funding, etc) Complete Section F</p>
<input type="checkbox"/>	<p>I'm not sure There are different ways to access our service depending upon your needs.</p> <ul style="list-style-type: none"> You may call us on 1300 885 886 for more information about your options. You may ring the Gateway on 1800 171 233 to be assessed for eligibility. If you are aged 15-24 contact the NDIS on 1800 800 110 to be assessed for eligibility.

Section E: Referral details

Does the person have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of onset or diagnosis:
Please describe the disability:	
Is the condition: <input type="checkbox"/> stable <input type="checkbox"/> improving <input type="checkbox"/> fluctuating <input type="checkbox"/> deteriorating slowly <input type="checkbox"/> deteriorating rapidly	
Is the disability long term or likely to be long term? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the disability occur before the person was 65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any other (secondary) conditions:	
Does the client have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Controlled by medication? <input type="checkbox"/> Yes <input type="checkbox"/> No

What is the main aim of the referral?

What tasks/activities does the person need to do?

e.g. use a computer, communicate, operate appliances, read and write, other.

What are the current barriers to performing the tasks/activities?

e.g. include information about the person's skills and difficulties.

In which environments will the person need to do these tasks/activities?

e.g. home, school, work, community

What materials, equipment and supports do they currently receive in these environments?

e.g. family and/or other support, levels and types of support (prompts used – visual, verbal, physical, physical assistance), access to equipment, communication method and type of assistance required.

Has the client ever been assessed for assistive technology? Yes No

If yes, please provide details.

Has the client previously used/trialed any assistive technology? Yes No

If yes, what has already been tried? Was it successful? Why or why not?

Please list current technologies and equipment used by the client:

Is there any further information you feel is important for us to know?

(Please list any relevant considerations)

Section F: Payment information

Fees are charged for the following:	
-	Compensable clients (where the client receives funding from a package or case management, MAIB, Worker's Compensation, Medico-legal, Individualised Funding, etc)
-	NDIS clients who are self-managed or have another fund manager (not the NDIA)
-	Services provided to people who are not eligible through the Gateway
-	Training and education sessions
-	Technical support
Do any of the above apply to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a quote outlining anticipated costs of the sessions required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please complete the payment option form.	
Please note: If you receive funding through a package, case management, MAIB or WorkCover Tas we require written approval for funding of the advisory session(s) prior to processing this referral.	

Section G: Signatures

Referrer's Signature:

Date:

Referrer's Name (please print):

Referral checklist:

- All details on referral form completed
- NDIS plan number provided
- Gateway eligibility determined
- Consent form completed
- If fees are applicable complete payment option form
- Return completed forms to: ILC Tas, 46 Canning St, Launceston 7250, email ilc@ilctas.asn.au or fax 6334 0045.

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