PARTICIPANT INTAKE FORM

Participant details

First Name:		**Last Name:**	
Date of Birth: (DD/MM/YYYY)			
Phone Number:			
Email Address:			
Residential Address:		**State:**	
Postal Address (if different)		**State:**	
Is the client under 16 years of age or under the care of a parent or guardian?	☐ Yes ☐ No		
Are there any court orders or custody arrangements / family disputes that Better Days Behaviour Support needs to be aware of?	☐ Yes ☐ No		
Emergency contact person (1): *(Full Name & Contact Number)*			
Emergency contact person (2): *(Full Name & Contact Number)*			

Diversity and cultural background				
Country of Birth:				
Aboriginal or Torres Strait Islander?	☐ Aboriginal	☐ Torres Strait Islander	☐ Neither	☐ Both
Refugee or Asylum Seeker?	☐ Refugee	☐ Asylum Seeker	☐ Neither	
Religion:				
Sex - Gender Identity - Sexual Orientation - Intersex Status:				

NDIS funding information

NDIS Number:			
Start Date of NDIS Plan:		End Date of NDIS Plan:	
Funding:	☐ NDIA Managed ☐ Plan Managed ☐ Self Managed		
Contact Details for Invoices (If applicable):			
Full Name:			
Contact Number:			
Email Address:			

Transition from another service provider

Is this a transition from another provider?	☐ Yes ☐ No
Service Provider/Representative Name:	
Contact Number:	
Email Address:	
Reasons for the transition:	

Referrer details (if applicable)

Full Name:	
Relationship to participant:	
Mobile Number:	
Phone Number:	
Email Address:	
Address:	

Other service provider details

Name	Services provided	Address	Email address	Contact number

Mode of communication

Language:			
Preferred Language spoken:			
Interpreter required:		☐ Yes ☐ No	
Does the participant/representative require an Easy Read version of our Service Agreement?		☐ Yes ☐ No	
Preferred method of communication (select):			
☐ Face to face	☐ Phone call	☐ Text message	☐ Email
☐ Letter	☐ Visual (images/videos)	☐ Contact my advocate/representative	

Eligibility and Suitability Assessment

Main Reason for Referral:	
Existing Support Services:	☐ NDIS-funded supports ☐ Informal supports (e.g., family, friends) ☐ Other community services Specify:
Is the participant's current support network adequate to meet their needs?	☐ Yes ☐ No Comments:
Is the participant funded for Capacity Building: Improved Relationships – Specialist Behavioural Intervention Support?	☐ Yes ☐ No
Behavioural Concerns Identified:	☐ None ☐ Mild (Occasional issues, manageable) ☐ Moderate (Frequent issues, requires intervention) ☐ Severe (Persistent issues, poses risk to self/others) Details:
Current Behaviour Support Plan:	☐ Yes ☐ No If YES, please attach copy of current behaviour plan.
Risk to Staff or Other Participants:	☐ Low ☐ Moderate ☐ High Details:

Medical Conditions and Emergency Information:	Does the participant have a pre-existing personal emergency and disaster management plan? ☐ Yes ☐ No *(If Yes - please provide a copy)* Does the participant have any medical conditions the provider should be aware of? ☐ Yes ☐ No *(If No – please skip following questions)* Medical Conditions: Triggers: Early Warning Signs: Medication: Pre-existing Health Care Plan: First Aid Trained Provider (if available): First Aid Kit Location (if available):
Does the participant have a history of:	☐ Aggression ☐ Self-harm ☐ Substance abuse ☐ Absconding ☐ Other Details:
Cognitive Capacity:	☐ Fully Capable ☐ Requires Some Assistance ☐ Significant Support Needed Comments:
Communication	☐ Verbal ☐ Non-verbal ☐ Requires AAC/Other Support Comments:
Motivation and Willingness to Engage:	☐ High ☐ Moderate ☐ Low Comments:
Are there any physical or environmental concerns that the practitioner should be aware of?	☐ Suitable ☐ Requires Minor Modifications ☐ Requires Major Modifications Details:

Please supply a copy of the participant's NDIS Public Plan

Your declaration

This part needs to be signed by whoever completed this form. This may be the participant/applicant or representative, plan nominee or legally appointed decision maker.

I acknowledge that:

- These records will be managed by Better Days Behaviour Support only.
- Information within these records will be shared with specific staff members within the organisation to allow them to carry out the intake assessment.
- If the participant is offered Better Days Behaviour Support's services and they accept, this information will also be used to carry out the initial assessment and for service planning, development and delivery.
- The participant and their representative can ask to see the records and receive a copy.
- Records are archived for a set period according to *Privacy and Confidentiality Policy and Procedure*.
- All information obtained will be kept confidential.
- This information will be used to set up the *Service Agreement* with Better Days Behaviour Support and the *Participant Assessment and Support Plan* if the participant is offered Better Days Behaviour Support's services and they accept.
- A signed *Service Agreement* is required to start receiving Better Days Behaviour Support's supports and services.
- A *Service Agreement* will be sent to the participant for signing prior to the appointment of the initial assessment. This is a legal requirement by NDIS.
- The *Service Agreement* is signed off by both the participant and/or their representative and Better Days Behaviour Support.

I confirm that:

- I understand I can get further information about how Better Days Behaviour Support handles my personal information from the *Privacy and Confidentiality Policy* and a copy of this policy.
- I understand I can withdraw or change my consent to share information and/or my permission for a third party to act on my behalf at any time.
- I confirm the information provided in this form is complete and correct.
- I give my consent to Better Days Behaviour Support to use the participant's information for the purposes outlined above.
- I understand giving false or misleading information is a serious offence.
- I understand this information is protected by law and can only be given to someone else where Commonwealth law allows or requires it or where I give permission.

You can find out more about how we collect, use and disclose your personal and sensitive information on our *Privacy and Confidentiality Policy*.

Full Name: _____

Signature: _____ Date (DD/MM/YYYY): _____