



Referral Checklist

For Support Coordinators, LACs & Allied Health Referrers

Thank you for referring to Havenridge Care. To ensure a smooth, prompt intake and the fastest possible start to supports, please complete this checklist before making contact. The more information provided upfront, the quicker we can match the participant with the right worker and begin delivering care. Email completed referrals to referrals@havenridgecare.com.au or call **0447 854 645**.

Note: We aim to respond to all referrals within 2 business days. For urgent referrals or participants with immediate support needs, please call us directly on 0447 854 645 and we will prioritise intake.

Section 1 — Referrer Details

Referrer Name	Full name of coordinator, LAC, or allied health professional
Organisation / Agency	Company or service name
Position / Role	e.g. Support Coordinator, Occupational Therapist, LAC
Phone Number	Best number to reach you
Email Address	For correspondence and document sharing
Date of Referral	DD / MM / YYYY
Preferred Contact Time	e.g. Monday–Friday, 9am–5pm

Section 2 — Participant Details

Full Legal Name	As it appears on NDIS documents
Preferred Name	Name the participant likes to be called
Date of Birth	DD / MM / YYYY
Gender	As preferred by participant
NDIS Number	9-digit number (if available)
Primary Diagnosis	e.g. Autism Spectrum Disorder, Acquired Brain Injury
Home Address / Suburb	Full address or suburb + postcode
Preferred Service Area	e.g. Logan, Ipswich, SE QLD, Brisbane South
Primary Contact Person	Name and relationship to participant



Primary Contact Phone	<i>Mobile preferred</i>
Primary Contact Email	<i>For service agreements and communications</i>
Preferred Communication	<i>Phone / Email / SMS / In-person / Other</i>
Language Spoken at Home	<i>Including interpreter needs if applicable</i>
Cultural Background	<i>To assist with culturally appropriate worker matching</i>

Section 3 — NDIS Plan & Funding Information

Funding / Plan Type	<i>Self-Managed / Plan-Managed / NDIA-Managed</i>
Plan Manager Name	<i>If plan-managed — name and contact details</i>
Plan Manager Phone/Email	<i>For invoice processing and budget queries</i>
Plan Start Date	<i>DD / MM / YYYY</i>
Plan End Date	<i>DD / MM / YYYY</i>
Approximate Remaining Budget	<i>If known — helps us plan service hours</i>

Relevant NDIS Funding Categories (tick all that apply):

<input type="checkbox"/> Core — Assistance with Daily Life	<input type="checkbox"/> Core — Community Participation
<input type="checkbox"/> Core — Consumables	<input type="checkbox"/> Core — Transport
<input type="checkbox"/> Capacity Building — Support Coordination	<input type="checkbox"/> Capacity Building — Improved Daily Living
<input type="checkbox"/> Capacity Building — Improved Living Arrangements	<input type="checkbox"/> Capacity Building — Employment
<input type="checkbox"/> Capital — Assistive Technology	<input type="checkbox"/> Capital — Home Modifications
<input type="checkbox"/> Short Term Accommodation (Respite)	<input type="checkbox"/> Other (please specify below)

Other funding notes	<i>Any additional funding details or categories</i>
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Section 4 — Support Needs & Services Requested

Type of support required (tick all that apply):

<input type="checkbox"/> Personal Care & Hygiene	<input type="checkbox"/> Meal Preparation & Nutrition
<input type="checkbox"/> Domestic Assistance	<input type="checkbox"/> Community Access & Social Participation



■ Transport Assistance	■ Behaviour Support
■ Respite / Carer Relief	■ Support Coordination
■ Skill Building & Independence	■ Early Childhood Supports
■ Employment / Vocational Support	■ Other

Preferred Days	<i>e.g. Monday, Wednesday, Saturday</i>
Preferred Times	<i>e.g. Morning (8–12), Afternoon (12–4), Evening</i>
Estimated Hours Per Week	<i>Approximate weekly support hours required</i>
Worker Gender Preference	<i>Male / Female / No preference</i>
Worker Language Preference	<i>If interpreter or bilingual worker needed</i>
In-Home or Community?	<i>In-home / In community / Both</i>

Section 5 — Goals, Risks & Safety Information

Participant Goals (Top 3 outcomes currently working toward):

Goal 1	<i>e.g. Increase independence in daily living tasks</i>
Goal 2	<i>e.g. Build social connections and community participation</i>
Goal 3	<i>e.g. Develop skills toward supported employment</i>

Risk & Safety Information:

Behavioural Triggers	<i>Known triggers, de-escalation strategies</i>
Mobility & Physical Risks	<i>e.g. fall risk, hoist use, manual handling needs</i>
Medical Conditions	<i>Relevant diagnoses, medications, or medical considerations</i>
Behaviour Support Plan	<i>In place: Yes / No — If yes, will you share a copy?</i>
Incident Escalation Contact	<i>Name and phone for urgent escalations</i>
Emergency Management Plan	<i>In place: Yes / No — If yes, will you share a copy?</i>

Section 6 — Consent & Document Sharing

Please confirm consent has been obtained from the participant or their legal guardian/representative:



<input type="checkbox"/> Consent to contact participant directly	<input type="checkbox"/> Consent to contact family / guardian
<input type="checkbox"/> Consent to share NDIS plan details with Havenridge Care	<input type="checkbox"/> Consent to share behaviour support plan
<input type="checkbox"/> Consent to share allied health / therapy reports	<input type="checkbox"/> Consent to share emergency management plan
<input type="checkbox"/> Consent to Havenridge Care contacting other providers	<input type="checkbox"/> Participant has been informed of this referral

Important: All participant information received by Havenridge Care is handled in strict accordance with the Privacy Act 1988 (Cth) and the NDIS Practice Standards. Information is used solely for the purpose of coordinating and delivering supports. Please do not share documents without confirmed participant consent.

Section 7 — Additional Notes & Documents to Attach

Use this space for any additional context that will help us deliver the best possible match and support from day one — e.g. previous provider experiences, family dynamics, specific worker qualities needed, or upcoming plan reviews.

Documents attached with this referral (tick all that apply):

<input type="checkbox"/> Copy of NDIS Plan	<input type="checkbox"/> Behaviour Support Plan
<input type="checkbox"/> Emergency Management Plan	<input type="checkbox"/> Allied Health / Therapy Reports
<input type="checkbox"/> Previous Service Agreements	<input type="checkbox"/> Incident Reports
<input type="checkbox"/> Medical / Health Summary	<input type="checkbox"/> Other (listed in notes above)

We will acknowledge receipt within **4 business hours** and provide a full intake response within **2 business days**. For urgent referrals, please call us directly.