TARAMPA assist Support Services

APPLICATION FOR SERVICES

Date of Application: ____/____/_____

Customers First Name: _____ Middle Name/s: _____

SURNAME: _____ DOB: ____/____/_____

NDIS Number: _____ NDIS Plan Start Date: ____/____/_____

NDIS Plan Finish Date: ____/____/_____

Have you attached your NDIS Plan: Yes / No (Please Circle One)

☐ Tarampa Lodge Customer ☐ Offsite Customer

Residential Address: _____ Postal Address: _____

_____ _____

Home Telephone: _____ Mobile: _____

Email: _____

Next of Kin Name: _____ Telephone: _____

Do you have an appointed Guardian or Enduring Power of Attorney: Yes / No (Please Circle One)

If Yes: Name: _____ Organisation: _____

Address: _____ Telephone: _____

_____ Mobile: _____

_____ Email: _____

Do you have an appointed Financial Administrator: Yes / No (Please Circle One)

If Yes: Name: _____ Organisation: _____

Reference No: _____ Telephone: _____

Postal Address: _____ Mobile: _____

_____ Email: _____

Support Coordinator/Local Area Coordinator:

Name: _____ Organisation: _____

Postal Address: _____ Telephone: _____

_____ Mobile: _____

_____ Email: _____

Referred by:

Name: _____ Organisation: _____

Postal Address: _____ Telephone: _____

_____ Mobile: _____

_____ Email: _____

What areas of your plan would you like Tarampa Assist to possibly help with:

Assist Personal Activities	☐	Daily Tasks/Shared Living	☐
Development Life Skills	☐	Household Tasks	☐
Participate Community	☐	Assist Life Stage Transition	☐
Travel and Transport	☐	Group/Centre Activities	☐

Please list your Diagnosis: _____

_____

_____

_____

_____

_____

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NDIS GOALS

First Goal: _____

_____

Second Goal: _____

_____

Long Term Goal: _____

_____

What are your specific goals eg. fishing, painting, living on your own, cooking your own meals

LIST THE GOAL	EXPECTED OUTCOME
1)	
2)	
3)	
4)	

What are your strengths Please list below

1)	2)
3)	4)
5)	6)

Any further information you would like us to know about your goals:

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Tell us your story

Please tell us about you. Things like your history, Challenges, where you live, any dependents, do you see your family, who is important in your life, do you have any pets, what you love to do the most, your diagnosis and how this affects you in your every day life, anything else that impacts you in your life that you would like us to know.

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Supports Explained

Please tell us about the supports you would like us to assist you with, days of the week, times, type of support etc. What makes your support enjoyable, what don't you like, do you have a preference of staff, cultural affiliation we need to know about, anything that allows us to deliver the type of service you would like.