# **NEW PARTICIPANT INTAKE CHECKLIST**

*Remember this Checklist only refers to NDIS Specific Information*

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| 1. CONTACT DETAILS | Date / Initial |
| Participant Name and Contact Details |  |
| Participant NDIS Number |  |
| Participant’s main contact person & how to best be contacted (e.g. phone, email) if applicable |  |
| Communication – also see 4 below   * Main language * Other communication issues |  |
| Participant’s Responsible Decision Maker – Name and Contact Details if Applicable |  |
| Who Will Be Responsible for Approving the Support Plan (i.e. participant, responsible decision maker, other) |  |
| 1. TRANSITION FROM OTHER PROVIDER |  |
| Reason for transition determined & suggested management strategies identified in collaboration with participant |  |
| Transition date agreed |  |
| With consultation and consent of participant, contact previous provider & gather relevant information including any identified risks associated with transition |  |
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| 1. FEES, SERVICE SCOPE and ANY WAITING TIMES |  |
| Participant informed of service fees (NDIS rates) including Cancellation Fees |  |
| Participant informed of any waiting times |  |
| Participant informed of service delivery scope (e.g. types of supports offered, service delivery area, in-room only) |  |
| 1. INITIAL ASSESSMENT |  |
| Preferred Place of Initial Assessment |  |
| People to be Present – family member/advocate/responsible decision maker/support person/other) |  |
| Need for Interpreter or Augmented Communication Requirements |  |
| 1. CULTURAL CONSIDERATIONS |  |
| Sex of AHP |  |
| Timing of Appointments |  |
| Customs – e.g. remove shoes before entering the home |  |
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| 1. RISKS and SAFETY |  |
| Safety Considerations for Participant and AHP |  |
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| 1. SIGNED SERVICE AGREEMENT /CONSENTS |  |
| Signed Service Agreement received back from Participant |  |
| Signed Service Agreement filed on participants file |  |
| Any limited consent noted clearly on the Participant’s file |  |
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This information obtained from sections 1-6 will be added to the Participant File prior to Initial Assessment