

RICHMOND FELLOWSHIP – ADULT RESIDENTIAL RECOVERY PROGRAM

Referral Form

Date referral completed:

Person's name (being referred):

Date of birth:

Identified gender:

Beliefs and practices:

Identified ethnic background - ATSI CALD: _____ Nil (please circle)

Phone Contact:

Current address:

Eligibility for NDIS support - Yes No In progress (please circle)

NDIS participant number:

Eligibility for NDIS supported independent living funding (SIL): Yes No In progress Unsure (please circle)

Plan Management Agency:

REASON FOR REFERRAL TO RICHMOND FELLOWSHIP ADULT RESIDENTIAL RECOVERY PROGRAM:

PARTICIPANT DISABILITIES:

1. Psychosocial Disability resulting from Mental illness impacting upon the person's functional capacity

a. Diagnosed Mental Illness(s):

b. Symptoms of illness:

2. Other Disability(s):

3. Health and wellbeing:

Concerns / medical diagnoses:

Mobility

Alcohol and Substance use

Goals related to Supported Independent Living

1.

2.

Areas of concern, that require the person to have 24 hour supported care:

- **Look at the following areas: mental and physical health;- relationships;- safety;-wellbeing;-personal care; household tasks**

What type of assistance does this person require to function.

1) Personal Care Tasks

(including showering, maintaining hygiene, healthy diet, grooming, managing medications, keeping physically active, sleeping etc.)

Please provide examples:

2) Managing Home Living

(including cleaning, cooking, washing clothes, shopping, paying bills, maintaining tenancy, relations with neighbours etc)

Please provide examples:

3) Maintaining Daily Roles & Activities

(including going to work, managing to study, having interests, keeping occupied etc.)

Please provide examples:

4) Social Engagement and communicating with others

(including engaging with the public, getting to places, socialising, making friends, family relations, behaving appropriately, living with others, asking for help etc)

Please provide examples:

Participants Supports: Please phone name and contact details if known.

1) Family:

2) Social/Personal/Friendship Supports:

3) GP:

4) Mental Health Supports (Clinical manager, Psychiatrist):

5) Support Co-ordinator:

6) Plan manager:

7) External community Support: (through NDIS plan):

8) Other health professions involved:

9) Are they on any orders?

Guardianship, Financial, PTO, CTO.

Please attach to referral

10) *Income (DSP, Newstart, Trust):*

Supporting information

- Please list any hospital admissions over the past year.

- Please attach any supporting documentation(Allied health reports, Behaviour Support Plan).

Referral Form Completed by:

Relationship to Applicant:

Phone:

Email:

Please forward this referral to angela@rfact.org.au and katrina@rfact.org.au
ph: 6279 4900