

Participant name:		D.O.B:	
Description of disability:			
Address:		Gender:	
Cultural background:		ATSI:	
Languages at home:		Pets:	
Non-smoking household:		Pet type/name:	
<b>Service required</b>		<b>Preferred day/time</b>	
Personal/self-care:		Monday	Saturday
Community access:		Tuesday	Sunday
Domestic assistance:		Wednesday	Public holidays?
Transport/escort:		Thursday	
Home/garden maintenance:		Friday	
<b>Preferred carer characteristics</b>			<b>Client goals</b>
Male:	Older:	Outgoing:	<u>Goal 1:</u>
Female:	Younger:	Good cook:	
No preference:	No preference:	Active:	
Cultural background:			<u>Goal 2:</u>
Other preferences:			
<b>Invoice/plan information</b>			<u>Known challenges or risks?</u>
NDIS participant number:			
Plan dates:			
Participant plan attached:			
Where are invoices sent:			<u>Additional notes:</u>
How many hours required per month (approx.):			
Amount allocated to Respite Now (core):			
<b>Authority to contact participant</b>			<b>Support coordination</b>
Can Respite Now contact the client directly:			Coordinator's name:
Client's phone:			Coordinator's phone:
Client's email:			Coordinator's email:
Family member's name:			
Family member's phone:			
Family member's email:			