

## Referral Information

Name	
Relationship to participant	
Organisation (if applicable)	
Telephone number	
Email address	

## Participant information

Name	
NDIS number	
Date of birth	
Gender	
Residential address	
Telephone number	
Email address	

Is this person the decision maker	
If not, who is the decision maker?	
Relationship to participant	
Telephone number	
Email address	

## Support requirements

Do you have funding?		
If yes, what is source of funding?		
Please state nature of disability		
Type of support required	<input type="checkbox"/> Personal <input type="checkbox"/> Respite <input type="checkbox"/> Domestic <input type="checkbox"/> Transport	<input type="checkbox"/> Overnight support <input type="checkbox"/> Meal assistance <input type="checkbox"/> Community access <input type="checkbox"/> Work based support
Timing of support requirements	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Summary of supports requirements		
Additional information if required		

## Support worker required

Gender requirement for worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female
Does worker need a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any specific skills required?		

## Additional information

## Our contact details

### Aries Care Pty Ltd

[info@ariescare.com.au](mailto:info@ariescare.com.au)  
[www.ariescare.com.au](http://www.ariescare.com.au)

#### Mon – Fri

**0800:1730**

Tel: 0422 573 980 or 0387823784

#### After hours contact

0449 789 953

### New South Wales

36 Atlantis Crescent  
Gregory Hills, Sydney  
NSW, 2557

### Victoria

Waterman Business Park  
Suite 141/Level 2  
66 Victor Crescent  
Narre Warren, Victoria 3805