

Please make sure all information is completed for both Referrer and Person

Please tick in the Box

ELIGIBILITY CRITERIA

- Live in Western Sydney Region
- Are Australian Citizen or Permanent Resident (Or NZ Citizen with a Special Category protected Visa)
- Your mental health condition affects your day to day life
- Interested in applying for the NDIS – National Disability Insurance Scheme
- Are under 65 years of age

Has Consent been given for this referral Yes No

Personal Details

Full Name: <input style="width: 95%; height: 30px;" type="text"/>	Date of Birth: <input style="width: 95%; height: 30px;" type="text"/>
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CRN:

Gender: Female Male Transgender Intersex Other

Current Address: <input style="width: 98%; height: 30px;" type="text"/>	Postcode: <input style="width: 95%; height: 30px;" type="text"/>
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Mobile Phone: <input style="width: 95%; height: 30px;" type="text"/>	Home Phone: <input style="width: 95%; height: 30px;" type="text"/>
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Can we leave a voicemail on the number provided? Yes No

Email Address: <input style="width: 95%; height: 30px;" type="text"/>	Country of Birth: <input style="width: 95%; height: 30px;" type="text"/>
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Interpreter Required? Yes No

If yes, which language:

Language Spoken at Home, Other than English

Which language:

Does the Person identify as:

Aboriginal Torres Strait Islander
 C.A.L.D LGBTQI

Secondary Contact Details

Name: <input type="text"/>	Organisation Name: <input type="text"/>
Address: <input type="text"/>	Position or relationship to Individual: <input type="text"/>
Telephone: <input type="text"/>	Email: <input type="text"/>

Referrer's Details

Name: <input type="text"/>	Organisation Name: <input type="text"/>
Location: <input type="text"/>	Position or relationship to Individual: <input type="text"/>
Telephone: <input type="text"/>	Email: <input type="text"/>

We appreciate you taking the time to fill in this form, our Intake Officer will be in contact with you shortly.
Please be aware that the phone call will show up as a private number.

Please submit your completed NPS Access Form to

Blacktown / Hills Council
Flourish
E : sevenhills.nps@flourishaustralia.org.au
F : 9049 5031

Parramatta / Cumberland Council
One Door Mental Health
E : npsaccess@onedoor.org.au
F : 9169 6365

This service has been made possible by funding from Western Sydney Primary Health Network