Referral checklist for coordinators

Prepare a referral with the participant. Confirm intake requirements and share only relevant information.

For support coordinators

Participant details

- [ ] Preferred and full name, contact details and information intake requests.
- [ ] NDIS number and plan dates, if required for the requested support.
- [ ] Plan management type: NDIA, plan-managed or self-managed.

Supports requested

- [ ] Each service requested and the relevant funding category.
- [ ] Requested frequency and preferred format. Confirm availability and suitability.
- [ ] Relevant risks, discharge dates or deadlines. This referral is not emergency care.

Relevant context and consent

- [ ] Current goals from the NDIS plan.
- [ ] Relevant reports, assessments or behaviour support plans, with consent.
- [ ] Risks, communication needs and the best contact person.
- [ ] Participant consent, or authority to act for them, before sharing information.

Only share information needed for the referral through an agreed channel. For immediate danger, call 000.