

Krain Care Services – NDIS Participant Intake Form

Participant Details

Full Name:

Date of Birth:

Address:

Contact Number:

Emergency Contact Name:

Email:

Participant background (Diagnosis, behaviours of concern, family etc)

Plan Details:

NDIS Number:

Weekly Hours:

Weekend Hours:

Plan Start Date:

Plan End Date:

Plan amount:

Self-Managed/NDIA/Plan Managed:

Name:

Support Coordinator:

Company name:



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Name of Referrer:

Scope of Services Requested (tick all that apply):

- ☐ Capacity Building
- ☐ Innovation Community
- ☐ Community Access
- ☐ Assist-Life Stage, Transition
- ☐ Assist-Personal Activities
- ☐ Assist-Travel/Transport
- ☐ Daily Tasks / Shared Living
- ☐ Innovative Community Participation
- ☐ Development of Life Skills
- ☐ Household Tasks
- ☐ Participate in Community

☐ Module 2

☐ Module 2A

Participant Goals:

Health, Safety & Support Needs:



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Preferred Support Worker (if any):

Service Areas Covered:

South, South East, East, Outer East and Northern suburbs
(Other areas may be considered upon request)

Consent:

I consent to Krain Care Services providing supports in line with my NDIS plan.

Participant/Coordinator Signature:

Date:

Audit & Compliance Declaration

This intake form has been developed in alignment with:

- NDIS Practice Standards
- NDIS Code of Conduct
- Quality & Safeguards Commission requirements
- Modules 2 & 2A (Provision of Supports)

All information collected is handled in accordance with privacy and confidentiality requirements.

Provider Declaration:

Krain Care Services confirms that supports will be delivered in line with the participant's NDIS plan and goals.



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Krain Care Services