



# Application for Service

**Please indicate which services are being applied for:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Supported employment              | <input type="checkbox"/> In home support     | <input type="checkbox"/> Accommodation |
| <input type="checkbox"/> Community based support           | <input type="checkbox"/> Gardening           | <input type="checkbox"/> Cleaning      |
| <input type="checkbox"/> Short term/emergency respite for: | <input type="checkbox"/> Children (under 18) | <input type="checkbox"/> Adults        |
| <input type="checkbox"/> Scheduled/regular respite for:    | <input type="checkbox"/> Children (under 18) | <input type="checkbox"/> Adults        |

**Is this support funded?**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> DHS/DSS  | <input type="checkbox"/> NDIS       | <input type="checkbox"/> Fee for service/invoiced |
| <input type="checkbox"/> OoHC (Child protection)                                | <input type="checkbox"/> No funding |   |
| <input type="checkbox"/> Quote completed (if requested) and passed to applicant |                                     |   |

Support recipient details:			
Name:			
Date of birth:		Gender:	
Address:			
Postal address (if different):			
Phone number:		Email address:	

Support requirements relevant to service provision:			
Details of disability:			
Behaviours of concern:			
Specific staffing requirements:			
Behaviour support plan (for restrictive interventions):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication administration: <small>(discuss ASTERIA's requirements)</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency management plans in place:		<input type="checkbox"/> Asthma	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epilepsy
Other information:		<hr/> <hr/> <hr/>	



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<b>Referral details:</b>			
<b>Date of referral:</b>		<b>Referral agency:</b>	
<b>Agency contact person:</b>		<b>Phone number:</b>	
<b>Email address:</b>			

<b>To be completed by ASTERIA Business Service staff:</b>			
<b>Application passed to:</b>		<b>Date:</b>	
<b>Service to be provided:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, date service to commence:</b>	
<b>If No, list service referred to:</b>			
<b>Intake process commenced by:</b>		<b>Date:</b>	

<b>To be completed by ASTERIA Community Options and Living staff:</b>			
<b>Application passed to:</b>		<b>Date:</b>	
<b>Service to be provided?:</b>	<input type="checkbox"/> No	<b>Other service referred to:</b>	
	<input type="checkbox"/> Yes	<b>Please document the following:</b>	
<b>Start date:</b>		<b>End date:</b>	
<b>Facility:</b>			
<b>Staffing requirements:</b>			
<b>Confirmation of service passed to applicant via:</b>			
<input type="checkbox"/> Phone call	<input type="checkbox"/> Email	<input type="checkbox"/> Text message	<input type="checkbox"/> Letter
<b>Copy of support details passed to rostering staff:</b>		<b>Date:</b>	
<b>Intake process commenced by:</b>		<b>Date:</b>	
<b>BSP access requested on RIDS by:</b>		<b>Date:</b>	