Application for Service

Please indicate which services are being applied for:

☐ Supported employment ☐ In home support ☐ Accommodation

☐ Community based support ☐ Gardening ☐ Cleaning

☐ Short term/emergency respite for: ☐ Children (under 18) ☐ Adults

☐ Scheduled/regular respite for: ☐ Children (under 18) ☐ Adults

Is this support funded?

☐ DHS/DSS ☐ NDIS ☐ Fee for service/invoiced

☐ OoHC (Child protection) ☐ No funding

☐ 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):	☐ Yes	☐ No	
Medication administration: (discuss ASTERIA's requirements)	☐ Yes	☐ No	
Emergency management plans in place:	☐ Asthma	☐ Anaphylaxis	☐ Epilepsy
Other information:	_____ _____ _____		

Application for Service

Referral details:			
Date of referral:		**Referral agency:**	
Agency contact person:		**Phone number:**	
Email address:			

To be completed by ASTERIA Business Service staff:			
Application passed to:		**Date:**	
Service to be provided:	☐ Yes ☐ No	**If Yes, date service to commence:**	
If No, list service referred to:			
Intake process commenced by:		**Date:**	

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