

Plan Management/Financial Administration (PMFA) - Intake & Referral Form

Date		Referral Source	
Participant Name		Date of Birth	/ / Male / Female
Address		Disability, Additional Medical & Health Needs	
Home Phone		Mobile Phone	
Email Address		Available Contact Times	
Primary Language		Interpreter Required	No / Yes
CALD / Aboriginal Status	Please let us know if Gateways staff need to be aware of any cultural, religious or spiritual practices. Comment:		
How did you hear about us?		Why did you choose Gateways as your service provider?	

Primary Supports/Contact	Full name		Relationship to participant	
	Address	(As above if needed)		
	Home phone		Mobile / work phone	
	Occupation		Relationship status	
	Email address			

Secondary Supports/Contact	Full name		Relationship to participant	
	Address	(As above if needed)		
	Home phone		Mobile / work phone	
	Occupation		Relationship status	
	Email address			

NDIA Plan Details		
NDIA number :		
NDIA Planner:		NDIA LAC:
What is the effective start and end date of the Plan? ____/____/____ - ____/____/____		
Do you give Gateways permission to contact NDIA for a copy of the Plan? Your signature:..... Verbal permission:..... Date:.....	Yes	No
Does the participant/service user have a Case Manager / Support Coordinator? If YES – Name: Organisation:	Yes	No
Do you want to be placed on Gateways 'Parent Support' mailing list?	Yes	No
Do you need to be reimbursed for any 'low cost equipment' that you have purchased? - If yes a PMFA officer will contact you with an additional bank account detail form	Yes	No

Please name the providers to be paid via your NDIS Plan
 Eg. Allied Health/Behaviour Specialist/Physio/Gardening/Meal Delivery/Day Programs/Equipment or Product Suppliers
 Recreation/Support Groups/Taxi's

Name	Role	Organisation Name	Contact Details	NDIS Plan Category (CORE, Capacity Building or Capital supports)	Comments
				(if known)	

Is there any additional Gateways Supports that you are looking to make a referral for? (for example Respite, Supported Accommodation, Holiday Program, Therapy Services and KIS)

— If yes, please comment:

Gateways Office Use Only:		Placed on mailing lists	Date & sign
Referral Received By		Carelink+ & Parent Support	
Referral approved by the Finance Manager	Yes (date) - No (comment) -		
Outstanding Documentation/ Follow Up Action			
PMFA Assigned			