

NDIS Major Modifications Referral Form

For NDIS Complex Home Modifications (over \$3,300.00)



Title

First Name

Surname

Mr

Preferred Name

Date Of Birth

Mrs



Miss

Day Month Year

Ms

Suburb and Postcode

Street Address

Suburb and Postcode

Postal Address (if different from above)

Phone

Mobile

E-Mail

Additional Contact Person

Relationship to Client

Phone

Mobile

Consent to act on behalf of recipient

Yes

No

NDIS Number

Plan Start Date

Plan End Date

Plan Type

Plan Managed

Self Managed

Agency Managed

Support Coordinator / Plan Manager Name

Support Coordinators / Plan Managers Organisation

Postal Address

Suburb / Postcode

Phone

Mobile

E-Mail

Residency Type

Private Residence (Client or Family Owned/Purchasing)

Private Rental

Public Rental

Independent Living Unit

Owner / Landlord / Agency Name (if applicable)

Owner / Landlord / Agency Postal Address

Suburb and Postcode

Phone

Mobile

E-Mail

Occupational Therapist Name

Occupational Therapists Organisation

Phone

Mobile

E-Mail

Has the Modification/s been approved in the recipients NDIS Plan?

Yes

No

Type of Modification

Shower

Toilet

Bathroom Alteration

Ramp

Stairlift

Lift

Kitchen

Builder/Organisation providing second quote (if over \$10,000.00)

Please note this information is required so Home Assist Community Services do not request the same contractor to provide a quote as we have a number of Builders/Organisations registered as contractors with Home Assist Community Services who may also be registered as providers with NDIS.

Preferred day and time for joint assessment visit

All work requested has been discussed with and has the consent of the client and/or their carer.

Yes

Please return completed referral with any photos and diagrams to:-

Home Assist Community Services - 133 Adelaide Street, Maryborough QLD 4650

majormods@homeassist.org.au



(V2 © Home Assist Community Services August 2020-2022)