KEVIN HEINZE Grow
39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

KHG Support Coordination Referral Form

*The section marked "*****" must be completed. Please send the completed referral form to* ***supportcoordination@kevinheinzegrow.org.au*** *. We will be in touch with you as soon as possible. All information we collected will be treated confidentially and will not be used for any other purposes than what is stated on our confidentiality and privacy statement.*

Referral details*			
Date of referral	Click or tap to enter a date.	Has the individual or the family consented to the referral?	Choose an item.
Name of Referee:		Professional role:	
Organisation and/or Relationship with participant:		Email: Phone:	

Participant's details*				
Name:	**DOB**	Click or tap to enter a date.	**Gender**	Choose an item.
Residential Address: Suburb: Postcode:		Phone: Email:		

Culture and Identity:

Does the person identify as:

☐ Aboriginal ☐Torres Strait Islander ☐ Both ☐CALD ☐LGBTIQ+ ☐Veterans

Preferred pronouns:

Country of birth:

Language:

Reasons for referral*: *(Please include here any information which may be useful as background information to assist with the referral, e.g. interests in gardening, improve social skills, vocational skills training etc.)*

Diagnoses:

KEVIN HEINZE Grow
39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

Do you currently have a Support Coordinator?	☐ Yes ☐ No
Who is your current Support Coordinator?	_____
What level of supports coordination does the person need in their NDIS plan?	☐ Level 1- Support Connection ☐ Level 2 – Coordination of Supports ☐ Level 3 – Specialist Support Coordination
How many hours of Support Coordination do you have?	_____

NDIS Plan Details

NDIS Number:

Plan Start Date: _____ **Plan End Date:** _____

Funding Details:

☐ Core Supports
☐ Support Coordination
☐ Capacity Building
☐ Other (please specify) _____
_____

Contact details

Name of NOK/Emergency Contact*:	Relationship*:	Email*: Phone*:
Name of NDIS plan manager:	Organisation:	Email: Phone:
Name of financial intermediary or funding coordinator:	Organisation:	Email: Phone:
Name of Key support worker/carer:	Organisation:	Email: Phone:
Email address for KHG announcements:		

KEVIN HEINZE Grow
39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

KHG Assessment Form

Me at KHG	
My NDIS goals (Goals stated in NDIS plan)	**(Full plan required for Support Coordination)**
My personal goals	
My communications (Method of communication? Verbal – fluent in English or other languages, use single words, sentences or phrases? Non-verbal – sign language, gestures, body language, communication book, electronical devices required, reading and writing? Etc.)	
My interactions with others (How do you feel working in a group – happy? Anxious? Lost? Overwhelmed? Why do you feel that way? Do you have strategies you can use when you feel overwhelmed in a group? Do you like to chat with other people? Can you share your thoughts and feelings with others? Etc.)	
My interests (e.g: gardening, water, cooking, drawing, music, physical activities, arts, sport, animals)	

39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

Dislikes (e.g: loud noise, gardening, heat, coldness, water, crowded spaces etc.)	

Will dislikes mentioned above trigger certain behaviours? If no or not sure, is there other triggers and behaviours we need to be mindful?

☐ Yes ☐ No ☐ Not sure

Trigger/s

	Reactions	**Strategies**

Does the person currently have a Behaviour Support Plan (BSP)?
☐ Yes ☐ No ☐ Not sure

If YES, then please attach document.

39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

Me and others outside of KHG	
My current living status.	Living with: ☐ Family ☐ Friends ☐ Alone ☐ Care home ☐ Other:
My family members (Who are the people in your family? Who in your family support you? Etc.)	
My friends (who's your best friends? Do you hang out with your friends? Do your friends support you need them? Etc.)	
My School (What school did I attend? Which year did you complete? What did you learn at school? Do you want to continue to attend in the future? Are you interested in TAFE? Etc.) *This information is optional.*	*Do you have a USI number?
My job (What's your current or previous jobs? If no job before, what do you want to do in the future? What are your areas of interest?) *This information is optional.*	
My Current Activities Please tell us about the services you currently use and if you are happy with them. Include day and after hours programs.	**Organisation 1:** _____ Do you want to continue with this service? ☐ Yes ☐ No ☐ Not sure Days and Times you use this service: **Organisation 2:** _____ Do you want to continue with this service? ☐ Yes ☐ No ☐ Not sure Days and Times you use this service:

39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

My Current Activities *(continued)* Please tell us about the services you currently use and if you are happy with them. Include day and after hours programs.	**Organisation 3:** _____ Do you want to continue with this service? ☐ Yes ☐ No ☐ Not sure Days and Times you use this service: **Organisation 4:** _____ Do you want to continue with this service? ☐ Yes ☐ No ☐ Not sure Days and Times you use this service: ☐ **No services at present**
Do you require 1-1 support worker? (if not sure, we need to determine based on this assessment)	☐ Yes ☐ NO ☐ Not sure If yes, please specify preferences. (e.g. gender, experiences, age).

My Health	
Allergy (do you have allergies? If so, what are your allergies and what reactions you would have? Do you have an allergy management plan? Etc.)	*Note: if this person has allergies, please attach an allergy management plan with this assessment.*
Diet (do you have special diet requirements such as eating at a specific time, prompting to drink water, prompting to eat prepared food?)	
Personal Care (do you need assistance with toileting, meal or dressing? If so, could you specify your requirements? Do you need prompt for personal hygiene? Etc.)	

39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

Epilepsy management (have you experienced epilepsy before? Do you currently experience it still? Do you have an active Epilepsy management plan? Do you need medication administration when you have epilepsy?	*Note: if this person experiences epilepsy, please attach an epilepsy management plan and emergency medication plan (if applicable) with this assessment.*
Medication (do you need take medication If so, could you specify what medication, the dosage, when to take it, possible side effects after taking the meds etc.?	
Physical (Ability to walk, go up and down stairs, long distances, balance? Wheelchair/walker required	
Cognitive (what is sensory stimulus for you? Can you concentrate on tasks? Do you often need prompts when completing tasks? Can you choose what you want to do? Can you interpret your preference? Etc.)	
Mental Health (how do you feel when attending programs? Do you currently experience anxiety, anger, sadness or other negative feelings in your life? If so, how often and in what situation do you feel it? Do you have any strategies to use when you feel it? Do you have other people support you when you feel it? Do you feel safe at home? Is there anything you are concerned in your life? Etc.)	

39 Wetherby Road, Doncaster 3108 VIC
(03) 9848 3695
info@kevinheinzegrow.org.au
www.kevinheinzegrow.org.au
ABN: 63 073 435 291

Decisions and activity recommendation

Recommend activities:

KHG Doncaster

☐ Social skills ☐ Literacy ☐ Emotional Management ☐ Let's Get Physical

☐ GOTG ☐ Café Program ☐ Relationships and Sexuality ☐ Teenage Program

☐ Horticulture Programs ☐ Re-Grow / ABI / Dementia

Peppertree Place – KHG Coburg

☐ Café Program ☐ Horticulture Programs

Clinical services:

☐ Counselling ☐ Occupational therapy

☐ Speech therapy ☐ Art Therapy

What other services are you interested in?

☐ Social Activities ☐ Medical ☐ Recreational

☐ Tech Activities ☐ Educational ☐ Animal Care

☐ Work Placement ☐ Supported Accommodation

☐ Other _____

When would you be happy to commence Support Coordination with us?