

Welcome and thank you for considering Interchange WA as your support provider.

At Interchange we put people at the centre of everything we do. We want to get to know you, your goals and support needs to make sure we get it right.

Please return this form to hello@interchangewa.org.au.

Contact Details

My title: Mr. Mrs. Miss Master Other _____

My full name: _____
First Name Middle Name Surname

What name I like to be called by: _____

Gender: Male Female Intersex Other _____

Date of Birth: _____

Residential Address: _____

Postal Address: Same as above

Home Phone: _____

Mobile: _____

Email: _____

Preferred Method of Contact:

Home Phone Mobile SMS Email Letter

Primary Contact: Mr. Mrs. Miss Master Other _____

Full name: _____
First Name Surname

Relationship to me: _____

Home Phone: _____ Mobile: _____

Email: _____

Where I live:

- Live Alone
- With Family
- Group Home
- Other (for example Host, Homesharer, Cluster Accommodation etc.)

Country of Birth: Australia Other _____

Australian Residency: Yes No

Language spoken at home: _____

Interpreter / Translator required: Yes No

My demographics:

- Aboriginal/Torres Strait Islander
- South Sea Islander
- Not Applicable

My primary disability?

I have a secondary disability?

No Yes (please explain) _____

Communication

How I like to communicate:

- Verbally
- Using Sign Language
- Using Communication Tools
- Need an interpreter

Comments: _____

Mobility

Electric Wheelchair

- Yes No

Manual Wheelchair

- Yes No

Mobility Aid

- Walking Frame
- Guide Dog
- Cane
- Scooter
- Other (please explain)

Assistance

Assistance with wheelchair and other seating transfer

- I don't need assistance
- I need some assistance
- I need complete assistance

Assistance with Toilet use and personal hygiene

- I don't need assistance I need some assistance I need complete assistance

Funding

I have a funding plan

- No Yes
- NDIS (National Disability Insurance Scheme)
 - DSC (Disability Services Commission)
 - Other (please explain) _____

My funding is managed by

- NDIA (National Disability Insurance Agency) DSC (Disability Services Commission)
- Self – Managed Plan – Managed Shared – Managed

- Other (please explain) _____

Start and end date of my funding plan

Start date: _____

End date: _____

Support I require

I am interested in the following supports:

- Daily Living Skills Developing Capacity and Learning Finding and Keeping a Job
- Transport Options Social and Community Participation Individual Living Options
- 24/7 Support Support Design and Planning Support Coordination
- Plan Management Shared Management

- Other (please explain) _____

Transport

I have a transport plan

- Yes, copy attached Plan to be provided No not required

I use my own transport

- No Yes
- Car
 - Bike
 - Other (please explain) _____

I require transport from Interchange

- No Yes
- Car
 - Van

I need assistance with public transport

- I don't need assistance I need some assistance I need complete assistance

Health information

I have medical history / health conditions that you need to know:

No Yes (please explain)

I am currently taking Medications

No Yes

Copy of Medication Profile provided (from my GP)

I manage my own medication

Yes, I don't need assistance

No, I do need some assistance – requires plan

No, I do need complete assistance – requires plan

I have known allergies

No Yes (please explain)

I have a Woundcare Management Plan

Yes, copy attached Plan to be provided No not required

I require Aid Support for Episodic Conditions (e.g. Epilepsy, Asthma, Diabetes etc.)

Yes No

I have Behavioural concerns

Yes No

I have a Behaviour support Plan

Yes, copy attached Plan to be provided No not required

I have a Meal Time Management Plan

Yes, copy attached Plan to be provided No not required

Other important Details:

Legal Guardian

I have a registered legal Guardian? Yes No

My guardian is registered with the NDIS as the plan nominee: Yes No

Guardian's Name (if relevant): _____

Residential Address: _____

Postal Address: Same as above

Home Phone: _____

Mobile: _____

Email: _____

Preferred Method of Contact:

Home Phone

Mobile

SMS

Email

Letter

Trust Manager

I have a Trust Manager who manages my funds

Yes No

Trust Manager's Name (if relevant): _____

Residential Address: _____

Postal Address: Same as above

Home Phone: _____

Mobile: _____

Email: _____

Preferred Method of Contact:

Home Phone

Mobile

SMS

Email

Letter

Support Coordinator

I have a Support Coordinator?

Yes No

Support Coordinator's Name (if relevant): _____

Residential Address: _____

Postal Address: Same as above

Home Phone: _____

Mobile: _____

Email: _____

Preferred Method of Contact:

Home Phone

Mobile

SMS

Email

Letter

Advocate

I have an Advocate?

Yes No

Advocate's Name (if relevant): _____

Residential Address: _____

Postal Address: Same as above

Home Phone: _____

Mobile: _____

Email: _____

Preferred Method of Contact:

Home Phone

Mobile

SMS

Email

Letter

Plan Manager

I you have a Plan Manager?

Yes No

Plan Manager's Name (if relevant): _____

Residential Address: _____

Postal Address: Same as above

Home Phone: _____

Mobile: _____

Email: _____

Preferred Method of Contact:

Home Phone

Mobile

SMS

Email

Letter

Is anyone else authorised to make support decisions for you?

No Yes (please explain)

Name (if relevant): _____

Home Phone: _____

Mobile: _____

Email: _____

Emergency Contacts:

Name: _____

Relationship to me: _____

Residential Address: _____

Postal Address: Same as above

Home Phone: _____

Mobile: _____

Email: _____

Please return this form to hello@interchangewa.org.au
or by post to PO Box 109, Maddington 6989