

COMMUNITY SERVICES EXPRESSION OF INTEREST



DETAILS OF INDIVIDUAL SEEKING SERVICE

Name:

Date of Birth:

Gender: M F X (Indeterminate/Intersex/Unspecified)

Address:

What are you wanting our services to address?

Brief details only are needed, we will discuss these further when we contact you.

Is there important information we need to know about the person (e.g., possible behaviour issues, anxiety, level of engagement in sessions, topics of great interest, topics/actions to be avoided)?

Brief details only are needed, we will discuss these further when we contact you.

ABOUT THE AUTISM QUEENSLAND SERVICE

What community services are you wanting to access? (Please tick all the apply.)

- Community Access Support In Home Support Supported Independent Living (SIL)
 Short Term Accommodation (Previously known as Respite)

PREFERRED DAY: (Select all that apply)

- Monday Tuesday Wednesday Thursday Friday Saturday
 Sunday Any day

PREFERRED TIME: (Select all that apply)

- | | | |
|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> 6am-7am | <input type="checkbox"/> 11am-12pm | <input type="checkbox"/> 6pm-7pm |
| <input type="checkbox"/> 7am-8am | <input type="checkbox"/> 12pm-1pm | <input type="checkbox"/> 8pm-9pm |
| <input type="checkbox"/> 8am-9am | <input type="checkbox"/> 2pm-3pm | <input type="checkbox"/> 9pm-10pm |
| <input type="checkbox"/> 9am-10am | <input type="checkbox"/> 4pm-5pm | <input type="checkbox"/> Sleepover (10pm-6.00am) |
| <input type="checkbox"/> 10am-11am | <input type="checkbox"/> 5pm-6pm | <input type="checkbox"/> Active Awake (10pm-6.00am) |

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PAYMENT DETAILS

- NDIS Plan - Agency-managed (NDIA) NDIS Plan- Third party-managed
 NDIS Plan - Self-managed Self-funded (out of own pocket)
 Other: _____

OTHER INFORMATION

Is there any other information you want us to know?

Brief details *only* are needed as we will discuss further when we contact you.

DETAILS OF PERSON COMPLETING THIS FORM

Name:

Relationship to individual requesting service (e.g. self, parent, carer, guardian, support worker, case manager):

Email:

Contact Number:

Best time to call: Morning Afternoon

Additional information regarding best time to call: _____

Personal and sensitive information collected on this form will be retained and used for the purpose of providing you with Autism Queensland Limited's services and providing information about these services. It may also be used for other purposes such as providing you with information about other services and events, to meet our requirements for government funding in providing services, to monitor and evaluate existing services and plan for future services or for research purposes. Without this information Autism Queensland may be unable to provide you with its service. The information collected on this form will only be used by Autism Queensland and will not be disclosed to any other person or organisation unless we have your consent or we are permitted by law. If you wish to access or seek correction of your personal information or make a complaint about our handling of your personal information please see Autism Queensland's Privacy Policy, at <http://www.autismqld.com.au> or phone (07) 3273 0000.