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**NDIS Participant Referral**

Please complete this form to refer a participant to Maid2Match.

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| **Participant Details** |
| **Participant’s Full Name** |   |
| **Participant’s Representative** |   |
| **NDIS Reference / ID Number** |   |
| **Contact Phone** (participant) |   |
| **Email Address** |   |
| **Postal Address** |   |

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| **Referring Agency / Service Details** |
| **Contact Person** |   |
| **Contact Phone** (representative) |  |
| **Referring Agency Name** |   |
| **Contact Phone Number/s** |   |
| **Email Address** |   |
| **Postal Address** |   |

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| **Supports Requested** |
| **Supports Requested**  |  Home cleaning |
| **Service Address** *(where supports are to be provided)* |   |
| **Frequency of Support/s** | **Cleaning**: visit/s per\_\_\_ ( hours per visit) |
| **Plan Start & End Dates** |  through till \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How is payment managed?** |  Agency managed (by NDIA) Plan Manager (include details in ‘*General Information*’ section) Self-Managed (include details in ‘*General Information*’ section) |
| **Additional Information***(please include preferred day/time options, start dates or anything relevant to providing supports)* |   |
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| **Once you have completed the above form, please send your referral by email to: hello@maid2match.com.au**If you would like to discuss your referral, please contact our team on (07) 3053 8661. |