****

**NDIS Participant Referral**

Please complete this form to refer a participant to Maid2Match.

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

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

|  |  |
| --- | --- |
| **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)* |  |
|  | |
| **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. | |