

Referral to My Future My Way for Positive Behaviour Support



Participant details

Legal name:			
Preferred name:			
NDIS number:		D.O.B:	
Plan start date:		Plan end date:	
Funding management:	<input type="checkbox"/> NDIA managed	<input type="checkbox"/> Self-managed	<input type="checkbox"/> Plan managed (please provide plan managers name)
Country of birth:			
Residential address:			
Postal address (if different from above):			
Start date at residential address:			
Primary diagnosis/es:			
Communication ability: Verbal, non-verbal (gestures), non-verbal (limited verbal communication)			

Preferred method of contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email
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Primary Contact Details

Name:	
Relationship to participant:	
Phone number:	
Email:	
Alternative contact(s) and details:	

Family Information

Name:	
Contact details:	
Details of contact/visitation (e.g. weekly, daily):	
Reason for leaving family home and date (if applicable):	
Summary of family relationships:	

Therapist

Does the participant have any special needs or requests regarding the therapist? (e.g. female therapist)	
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Administration

Is there a guardian involved?	<input type="checkbox"/> Yes (provide contact details below) <input type="checkbox"/> No
Is the guardian SACAT or court appointed, or informal arrangement?	
If SACAT appointed- which powers have been granted?	<input type="checkbox"/> Administration <input type="checkbox"/> Accommodation <input type="checkbox"/> Lifestyle <input type="checkbox"/> Health <input type="checkbox"/> Special Powers <input type="checkbox"/> Other _____
Support Coordinator's contact details:	
Hospital contact details to make appointment:	
Amount of funding for 'Improved Relationships'	

or in "Improved daily living"	
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NDIS Goals: (No need to fill out if we have a copy of the current NDIS Plan)

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
- +additional

Strengths & weaknesses:

Likes & dislikes:

Regular activities (e.g. community engagement, employment, day-options, clubs, sports, regular social engagement):

Reason for referral

Please include a detailed description of the behaviours of concern (including detailed description of relevant information, e.g. frequency, most common environments, intensity, history, current method of response)

- **Please share copies of the most recent relevant assessments.**
- **If residing within supported accommodation please share copy of current risk assessment**

I _____ declare that the information given is true to the best of my knowledge.

Signed _____ Date: ____ / ____ / ____

Participant/ Parent/ Legal Guardian/ Support Coordinator /Other

Signed _____ Date: ____ / ____ / ____

Participant /Parent/ Legal Guardian/ Support Coordinator/ Other

There are two kinds of reports required within Positive Behaviour Support:

- **Interim Behaviour Support Plan**

- Required within a month of engagement if any restrictive practices are being used
- A minimum of 25 hours is necessary to complete the Interim Behaviour Support Plan, these hours go to:
 - Meetings with the Participant and their support network along with any relevant providers
 - Development of NDIS Interim Behaviour Support Plan
 - Development of strategies to reduce or eliminate restrictive practices
 - Travel to and from meetings where required (My Future My Way is committed to reducing travel costs by effective use of meetings, using phone and email when possible)
 - Meeting the NDIS reporting requirements for Positive Behaviour Support Plans
- Stakeholders will be provided with behaviour support strategies to address Behaviours of Concern

- **Comprehensive Behaviour Support Plan**

- Required to be completed 6 months after engagement
- Includes:
 - Functional Behavioural Assessment
 - Detailed plan for improving people's quality of life and reducing or eliminating Restrictive Practice through Positive Behaviour Support Strategies
 - NDIS Reporting Requirements for Positive Behaviour Support Plans
- On average a Comprehensive report takes a minimum of 35-40 hours with this being used by:
 - Observations of behaviour in different settings
 - Communication with other providers and stakeholders
 - Comprehensive Behaviour Support Plan and Functional Assessment
 - Travel to and from meetings where required (My Future My Way is committed to reducing travel costs by effective use of meetings, using phone and email when possible)

- If there are not enough funded hours for both reports, My Future My Way will include a recommendation for additional funding in the future to allow for a Comprehensive Behaviour Support Plan to be developed.