

Application for Services

If you need assistance to complete this form please call our Administration Team on 1300 135 373.

Therapy Focus offers the following individualised therapy programs. Please select (●) the one you are applying for:

Early Childhood Intervention Program - for children under the age of 6 who are not currently attending Year 1 at school or children under the age of 8 with a global developmental delay diagnosis.

School Age Intervention Program - for persons enrolled in a full time school program, including persons who are home schooled.

Adult Intervention Program - for persons aged 18 to 65.

Which services and supports would like to access? You may tick (✓) more than one box:

Occupational therapy

Speech pathology

Physiotherapy

Psychology

Social work

Dietetics

Feeding, dysphagia and mealtime management

Behaviour support

Disability education and advice

Support to achieve positive education outcomes

Daily living and independence skills

Social skills and support for community participation

Posture and positioning support

Transition planning and support

Workplace and employment skills

Prescription and supply of specialised aids and equipment

Prescription and supply of assistive technology

Assistive Augmentative Communication (AAC) strategies

Home modification planning and advice

Section 1 - Funding

Please select (●) the type of funding you would like to use:

Disability Services Commission (DSC) funding

To be eligible for Therapy Focus' Government funded specialist disability services the applicant must meet the following criteria:

1. Be legally entitled to permanently live in Australia

Please attach a copy of one of the following documents as proof of the applicant's Australian permanent residency:

- Australian Citizen (Australian birth certificate, Australian Citizen certificate)
- Australian Permanent Resident (passport with visa granting permanent residence or permanent entry stamp)
- New Zealand Citizen (special category visa subclass 444)

2. Permanently live in Western Australia

Please attach proof of the applicant's residency in Western Australia (e.g. utilities bill stating WA address)

3. Have a disability as defined by the *Disability Services Act 1993*, or a developmental delay (for children under the age of 8)
4. Have physical, social, learning and/or communication needs arising from the disability, which severely limit their ability to participate in home, community and school

A copy of the eligibility letter provided by DSC will be accepted as evidence of meeting the above criteria.

Commonwealth Government National Disability Insurance Scheme (NDIS) funding

To be eligible for NDIS funded services the applicant must live in an NDIS trial site, meet the NDIS eligibility criteria and have an approved NDIS Plan. Please refer to the NDIS website (www.ndis.gov.au) for further information about eligibility.

NDIS participant number:

Plan start date: ___ / ___ / ___ (dd/mm/yy)

Please attach a copy of the applicant's NDIS Plan.

WA State Government National Disability Insurance Scheme (WA NDIS) funding

To be eligible for WA NDIS funded services the applicant must live in a WA NDIS trial site, meet the WA NDIS eligibility criteria and have an approved WA NDIS Plan. Please refer to the DSC website (www.dsc.wa.gov/Am_I_Eligible) for further information about eligibility.

Plan start date: ___ / ___ / ___ (dd/mm/yy)

Please attach a copy of the applicant's WA NDIS Plan.

Insurance Commission of WA (ICWA) compensation

People catastrophically injured in a motor vehicle crash in Western Australia are eligible for ongoing treatment, care and support through the expanded motor injury insurance cover. Please refer to the ICWA website (www.icwa.wa.gov.au/expanded-motor-injury-insurance) for further information about eligibility.

Self-funding

Individuals who are not eligible for DSC, NDIS or WANDIS funding can access our services for a fee. Eligible individuals are also welcome to purchase additional services for a fee. Medicare and private health rebates may apply.

Please note: Use of Helping Children with Autism (HCWA), Better Start for Children with a Disability and Post Intervention Therapy Services (PITS) funding are considered forms of self-funding.

Section 2 - Applicant Information

Given name:				Surname:			
Preferred name:							
Date of birth: ___ / ___ / ___ (dd/mm/yy)	Gender:		Male	Female			
Country of birth:							
Residential address:							
Suburb:				Postcode:			
Postal address:					Same as residential address		
Email address:							
School:	Class year:		Home schooled	Does not attend			
Occupation:					Does not work		
Spoken Language:	English	Other:					
Interpreter required:	Yes - for non-spoken communication (e.g. Auslan)						
	Yes - for spoken language other than English						
	No						
Is the applicant the primary contact?	Yes	No	If yes, please complete the below:				
Preferred days/time to contact:							
Preferred method:	Mobile	Phone	Email	Post			

Section 3 - Next of Kin / Emergency Contact Information

PRIMARY CONTACT

First name:					Surname:		
Relationship to applicant:							
Home phone:					Work phone:		
Mobile:							
Email address:							
Postal address:					Same as applicant		
Spoken language:	English	Other:					
Interpreter required:	Yes - for non-spoken communication (e.g. Auslan)						
	Yes - for spoken language other than English						
	No						
Preferred time/days to contact:							
Preferred method:	Mobile	Phone	Email	Post			

ALTERNATIVE CONTACT

First name:					Surname:		
Relationship to applicant:							
Home phone:					Work phone:		
Mobile:							
Email address:							
Postal address:					Same as applicant		
Spoken language:	English	Other:					
Interpreter required:	Yes - for non-spoken communication (e.g. Auslan)						
	Yes - for spoken language other than English						
	No						
Preferred time/days to contact:							
Preferred method:	Mobile	Phone	Email	Post			

Section 4 - Legal Guardianship

Does the applicant have a legal guardian? Yes (please provide details below) No (go to section 5)

Name:

Agency:

Postal address:

Phone:

Mobile:

Email address:

Spoken language:

English

Other:

Interpreter required:

Yes - for non-spoken communication (e.g. Auslan)

Yes - for spoken language other than English

No

Preferred time/days to contact:

Preferred method:

Mobile

Phone

Email

Post

	Please tick (✓) if any of these orders are in place	Please tick (✓) if any of these are administered by the State Administration Tribunal
Guardianship		
Administration		
Power of Attorney		
Enduring Power of Attorney		

Section 5 - Compensation

Is the applicant seeking compensation for their disability? Yes No

Is the applicant currently receiving compensation for their disability? Yes No

If you answered Yes to either of the above, please provide details below. If you answered No to both, go to section 6.

Insurance Agency:

Claim number:

Claim Manager:

Contact phone:

Postal or email address:

Solicitor's Agency:

Solicitor's name:

Contact phone:

Postal or email address:

Section 6 - Disability

What is the service user's **primary/main** disability? **Please select (●) one box only.**

- Global Developmental Delay (GDD)
- Acquired Brain Injury
- Specific Learning – other than Intellectual
- Autism Spectrum Disorder
- Intellectual Disability
- Down Syndrome
- Multiple Sclerosis
- Epilepsy
- Cerebral Palsy
- Motor Neurone Disease
- Muscular Dystrophy
- Para/quadri(tetra)/hemiplegia
- Spina Bifida
- Psychiatric Disability
- Deaf blind (dual sensory)
- Vision impairment
- Hearing impairment
- Speech impairment
- No diagnosed disability
- Other (please specify):

The *Disability Services Act (1993)* defines disability as a condition that is:

- attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments;
- is permanent or likely to be permanent; and
- may or may not be episodic in nature;

and results in:

- a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
- a need for continuing support services.

Does the service user have any **other** disability? **You may tick (✓) more than one box.**

- Global Developmental Delay (GDD)
- Acquired Brain Injury
- Specific Learning – other than Intellectual
- Autism Spectrum Disorder
- Intellectual Disability
- Down Syndrome
- Multiple Sclerosis
- Epilepsy
- Cerebral Palsy
- Motor Neurone Disease
- Muscular Dystrophy
- Para/quadri(tetra)/hemiplegia
- Spina Bifida
- Psychiatric Disability
- Deaf blind (dual sensory)
- Vision impairment
- Hearing impairment
- Speech impairment
- Other (please specify):

Please provide supporting documentation to assist in prompt processing of this application.

Section 7 - Health

Does the applicant have surgery or specialist medical attention planned in the next 12 months?

Yes No If Yes, please provide details below:

Has the applicant experienced or currently experiencing any of the following:

You may tick (✓) more than one box.

- Aspiration (gagging, choking or recurrent chest infections)
- Difficulty swallowing during mealtimes
- Tracheostomy
- Urinary catheter or stoma
- Pressure sores
- Significant pain or discomfort
- Self-harm behaviour or behaviour that puts other people at risk
- Excessive weight gain or loss
- Anxiety or other mental health concerns
- Recurrent falls
- Other health concerns

Please provide details and/or examples of the above:

Section 8 - Help and Supervision

Please indicate the level of help/supervision the applicant requires for each of the following areas.

Please select (●) one level per area.

	Always needs help/supervision	Sometimes needs help/supervision	Does not need help/supervision, uses aids and equipment	Does not need help and does not use aids or equipment
A) Self Care: Ability to wash, dress, eat, drink and go to the toilet.				
B) Mobility: Ability to move around and get in/out of a bed or a chair.				
C) Communication: Ability to be understood and communicate with others.				
D) Interpersonal Relationships: Ability to make and keep friendships, display socially acceptable behaviour and cope with feelings.				

For applicants aged 5 or above, and those who turn 5 before 1 July:

E) Learning: Ability to solve problems, make decisions and apply learning.				
F) Education: Ability to engage at school/university, take direction from teachers, study and complete tasks and projects.				
G) Community Participation: Ability to engage in organized community activities and use private and/or public transport.				

For applicants aged 15 or above, and those who turn 15 before 1 July:

H) Domestic Life: Ability to live independently, maintain a home, care for personal objects and acquire food, clothing and other necessities.				
I) Work skills: Ability to engage in all aspects of employment including organised work activities, required tasks and attending work on time.				

Section 8 - Help and Supervision (continued)

What are the main concerns and support needs of the applicant?

Does the applicant use or need aids/equipment to manage daily activities?

Yes No If Yes, please provide details below:

Section 9 - Consents

The following consents help us provide prompt service delivery once this application is processed.

I give consent:

- to receive services from Therapy Focus
- to receive services from students supervised by Therapy Focus employees
- to be photographed or videoed for therapeutic purposes
- to receive appointment reminders via SMS
- to receive news, event information and other updates from Therapy Focus

I give consent for Therapy Focus to exchange relevant information with the following professionals/agencies involved in the applicant's care:

Professional/Agency	Contact details (name, phone, email)
Education provider:	
Service Planner:	
Service Coordinator:	
Specialist service provider(s):	
Community service provider(s):	
Other:	
Other:	
Other:	

Therapy Focus may share your personal information with a trusted third party for the purposes of service improvement or quality auditing only.

Applicant / Parent / Legal Guardian name:

Signature:

Date: ___ / ___ / ___ (dd/mm/yyyy)

Storage, Access and Correction of Personal Information

All Disability Professional Service Providers are bound by the *Privacy Act 1988*. As such, Therapy Focus undertakes to adhere to the Australian Privacy Principles, which regulate how we may collect, use, disclose and store personal information and how individuals may access and correct personal information held about them. For more information about how privacy is managed at Therapy Focus, please visit our website at www.therapyfocus.org.au.

Section 10 - Client Data Collection (for DSC funded applicants ONLY)

Therapy Focus is required to release information to the Disability Services Commission and the Australian Institute of Health and Welfare for statistical purposes. The information is kept confidential and will not affect the applicant's entitlements or access to Therapy Focus services. **Please select (●) one box only per question.**

What is the applicant's Aboriginal status?

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Both Aboriginal and Torres Strait Islander origin
- Neither Aboriginal nor Torres Strait Islander origin

What is the applicant's most effective form of communication?

- Not known
- Not applicable as the applicant aged 5 or under as at 30 June.
- Little or no effective communication
- Other effective non-spoken communication
- Sign language (effective)
- Spoken language (effective)

Who does the applicant live with?

- Lives alone
- Lives with family
- Lives with others

What is the applicant's residential setting?

- Other
- Private residence
- Residence within an Aboriginal/Torres Strait Islander community
- Short term crisis accommodation or transitional accommodation
- Supported accommodation facility (e.g. hostels)
- Supported living facility domestic scale (e.g. group homes)

What is the applicant's employment status?

(Only for those aged 15 or above, and those who turn 15 before 1 July)

- Employed
- Unemployed
- Not looking for work
- Still at school

What is the applicant's main source of income?

(Only for those aged 16 or above, and those who turn 16 before 1 July)

- Disability Support Pension
- Other pension or benefit (not superannuation)
- Receiving compensation
- Other (superannuation, investment)
- Paid employment
- Nil income from any source

Informal carers are parents, family or friends who provide assistance to the service user on an ongoing basis and might receive a benefit or pension for providing care.

Does the applicant have an informal carer who regularly provides assistance?	Yes	No
Does the applicant's carer/parent receive Carer's Allowance from Centrelink?	Yes	No

Only answer the questions below if you responded YES to the first question above.

Does the MAIN informal carer live in the same household as the applicant?	Yes	No
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What is the relationship of the informal carer to the applicant?

Mother	Not Known
Father	Other female relative
Female friend/neighbour	Other male relative
Male friend/neighbour	

Which age group best describes the informal carer of the service user?

15 - 24 years	70 years and over
25 - 44 years	Not Known
45 - 64 years	Under 15 Years
65 - 69 years	

Application Checklist

The following sections have been completed:

1. Funding
2. Applicant Information
3. Next of Kin / Emergency Contact Information
4. Legal Guardianship
5. Compensation
6. Disability
7. Health
8. Help and Supervision
9. Consents
10. Client Data Collection (for DSC funded applicants only)

Supporting documentation attached (if applicable):

1. Evidence of Australian Permanent Residency (i.e. Australian birth certificate, Australian Citizenship Certificate, passport)
2. Evidence of permanent residency in Western Australia (i.e. phone bill, electricity bill, car registration)
3. Evidence of Diagnosis (i.e. report from a general practitioner or specialist stating diagnosis)
4. Copy of applicant's Disability Services Commission eligibility letter (accepted in place of points 1-3)
5. Copy of applicant's NDIS / WA NDIS Plan
6. Evidence of Health (optional)
7. Evidence of Help and Supervision (optional)

Please return your completed form to:

Therapy Focus

PO Box 20

BENTLEY WA 6982

Fax: **(08) 9451 5480**

Email: **enquiries@therapyfocus.org.au**