Application for Services

If you need help to complete this application please call us on **1300 135 373** or email **enquiries@therapyfocus.org.au**

If you need help from an interpreter, please contact the Translating and Interpreting Service on **13 14 50**

If you are deaf or have a hearing or speech impairment, you can contact us via the National Relay Service. Visit **www.relayservice.gov.au**

Applicant Information

The applicant is the person who will be receiving therapy services.

First name: Surname:

Preferred name: Gender: ☐ Male ☐ Female ☐ Unspecified

Date of birth: ___ / ___ / ___ (dd/mm/yyyy) Country of birth:

Is the applicant Aboriginal or Torres Strait Islander? ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Neither

Residential address:

Suburb: Postcode:

Language spoken: ☐ English ☐ Other (please state):

Interpreter required: ☐ Yes – for spoken language other than English ☐ Yes – for non-spoken communication (e.g. Auslan) ☐ No

Is this person the main contact for this application and during service delivery?

☐ No – Complete parts A and B on the next page (Contact Details)

☐ Yes – Provide details below then complete part B only on the next page (Contact Details)

Postal address: ☐ Same as residential address

Suburb: Postcode:

Home phone: Mobile:

Email address:

Preferred method of contact: ☐ Mobile ☐ Phone ☐ Email ☐ Post

Contact Information

Part A: Main Contact

This is the person we should contact about this application and during service delivery.

First name: Surname:

Preferred name:

Relationship to applicant:

Postal address: ☐ Same as applicant

Suburb: Postcode:

Home phone: Mobile:

Email address:

Language spoken: ☐ English ☐ Other (please state):

Interpreter required:
☐ Yes – for spoken language other than English
☐ Yes – for non-spoken communication (e.g. Auslan)
☐ No

Preferred method of contact: ☐ Mobile ☐ Phone ☐ Email ☐ Post

Part B: Alternative Contact

This is the person we should contact if we can't get in touch with the applicant/main contact.

First name: Surname:

Preferred name:

Relationship to applicant:

Postal address: ☐ Same as applicant

Suburb: Postcode:

Home phone: Mobile:

Email address:

Language spoken: ☐ English ☐ Other (please state):

Interpreter required:
☐ Yes – for spoken language other than English
☐ Yes – for non-spoken communication (e.g. Auslan)
☐ No

Preferred method of contact: ☐ Mobile ☐ Phone ☐ Email ☐ Post

Legal Guardianship

Has the applicant been appointed a legal guardian?

☐ No – Go to Section 4.

☐ Yes – Please tick (✓) which of these orders are in place:

- Administration ☐
- Power of Attorney ☐
- Enduring Power of Attorney ☐
- Family court order ☐

Is the main contact the legal guardian:

☐ Yes – Go to Section 4.

☐ No – Provide details below:

First name:	Surname:
Agency:	
Postal address:	
Suburb:	Postcode:
Phone:	Mobile:
Email address:	
Language spoken:	☐ English ☐ Other (please state):
Interpreter required:	☐ Yes – for spoken language other than English ☐ Yes – for non-spoken communication (e.g. Auslan) ☐ No
Preferred method of contact:	☐ Mobile ☐ Phone ☐ Email ☐ Post

Please provide any supporting documentation available to assist with processing of this application.

Service Locations

Please tick (✓) where you would like to receive services

☐	Home	Address:
☐	School	Address:
☐	Work	Address:
☐	Therapy Focus clinic	Address:
☐	Community location	Address:

Supports

Please outline why you are requesting therapy services:

Does the applicant use or need aids/equipment/assistive technology for daily activities?

☐ No

☐ Yes – Please provide details:

Please provide any supporting documentation available to assist with processing of this application.

Funding

Please tick (✓) which funding you would like to use to access services.

☐ National Disability Insurance Scheme (NDIS)

To access services using NDIS funding, the applicant must meet NDIS eligibility criteria and have an approved NDIS Plan. Please refer to the NDIS website (www.ndis.gov.au) for information about eligibility.

NDIS Participant number:

NDIS Plan start date: ___ / ___ / ___ (dd/mm/yyyy)

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

☐ State Government Department for Communities' Disability Services

To access services using Department for Communities Disability Services funding, the applicant must already be receiving services from another provider using this funding.

We will contact you for any required documentation.

☐ Self-funded

Individuals who are not eligible for government funding can purchase our therapy services for a fee. Eligible individuals already accessing government funded services are also welcome to purchase additional therapy services.

Private health rebates may apply to some services.

Private Health Insurance provider:

☐ Better Start for Children with Disability

Please attach a copy of your eligibility letter to access services using Better Start funding. For more information, including eligibility criteria, please refer to the Better Start website (www.betterstart.net.au).

☐ Helping Children with Autism Program (HCWA)

Please attach a copy of your eligibility letter to access services using HCWA funding. For more information, including eligibility criteria, visit the Department for Social Services website (www.dss.gov.au/disability-and-carers/programs-services).

☐ Medicare

Please provide a copy of your GP referral to access services under your Chronic Disease Management Plan or Mental Health Care Plan.

Please note that Therapy Focus does not bulk-bill for services. This means that there will be a gap payable. You will be required to pay your account in full and make a claim from Medicare for services delivered.

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:

Insurance Agency: Claim number:

Claim Manager: Phone:

Postal or email address:

Solicitor's Agency:

Solicitor's Name: Phone:

Postal or email address:

Disability

What is the applicant's disability? **You may tick more than one.**
(Leave this section blank if the applicant does not have a disability)

- ☐ Acquired brain injury
- ☐ Autism spectrum disorder (ASD)
- ☐ Cerebral palsy
- ☐ Deaf blind (dual sensory)
- ☐ Down syndrome
- ☐ Epilepsy
- ☐ Global developmental delay (GDD)
- ☐ Hearing impairment
- ☐ Intellectual disability
- ☐ Motor neurone disease
- ☐ Multiple sclerosis
- ☐ Muscular dystrophy
- ☐ Para/quadri(tetra)/hemiplegia
- ☐ Psychosocial disability
- ☐ Specific learning disability – other than Intellectual disability
- ☐ Speech impairment
- ☐ Spina bifida
- ☐ Stroke
- ☐ Vision impairment
- ☐ Other (please specify):

Health

Has the applicant experienced or currently experiencing any of the following? **Please tick (✓) all that are relevant.**

- ☐ Anxiety or other mental health concerns
- ☐ Aspiration (gagging, choking or recurrent chest infections)
- ☐ Difficulty swallowing during mealtimes
- ☐ Excessive weight gain or loss
- ☐ Pressure sores
- ☐ Recurrent falls
- ☐ Self-harm behaviour or behaviour that puts other people at risk
- ☐ Significant pain or discomfort
- ☐ Tracheostomy
- ☐ Upcoming planned surgery (within the next 6 months)
- ☐ Urinary catheter or stoma
- ☐ Other health concerns

Please provide details and/or examples of the above:

Consents

I give consent for Therapy Focus to liaise with the following professionals/agencies regarding this application:

Professionals/Agencies	Contact details (name of agency/contact person, their email/phone)
☐ Education Provider	
☐ Service Planner	
☐ Service Coordinator	
☐ Specialist Service Provider/s	
☐ Community Service Provider/s	
☐ GP/Medical Specialist	
☐ Other:	
☐ Other:	

Signed:

Applicant / Parent / Legal Guardian name:

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

Click to Submit

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**.

Please return your completed application to:

Suite 5, Bentley Plaza
1140 Albany Hwy
Bentley WA 6102

PO Box 20
Bentley WA 6982

enquiries@therapyfocus.org.au

(08) 9451 5480