

# Assessment and Referral Team (ART) Referral Form

ART is assisting Queenslanders aged 7-65 with disability to join the National Disability Insurance Scheme (NDIS). Please complete this referral and submit via email. An ART representative will contact the person with disability or their decision maker to discuss the referral in further detail.

## Eligibility

For a person with disability to be eligible for support from ART they must meet at least **one** or more of the following criteria.

The person:

- ☐ lives in a remote or very remote location that is outside a Local Area Coordination Partner in the Community (LAC PitC) location  
To find out if you are located in a LAC PitC location, visit the NDIS [website](#).
- ☐ is a young person connected to the Youth Justice Stronger Communities Initiative or are a serious repeat offender
- ☐ is a child or young person in the child protection system
- ☐ is an adult living in community and connected to offender support programs
- ☐ is an adult living in level 3 supported accommodation
- ☐ identifies as culturally and linguistically diverse and are engaged with resettlement and refugee programs.
- ☐ Other, please specify:

## Who needs help to access the NDIS?

Legal name:	<input type="text"/>	Date of birth:	<input type="text"/>
Preferred name:	<input type="text"/>	Gender identity:	<input type="text"/>
Address:	<input type="text"/>	Phone number:	<input type="text"/>
Are language interpreting services required? (If yes, please specify)	<input type="text"/>		
Primary disability:	<input type="text"/>		
Other disabilities/impairments:	<input type="text"/>		

## Details about decision maker or other contact

Please provide details of the formal or informal decision maker, or other contact or representative for the person listed above (if applicable).

Full name:	<input type="text"/>	Date of birth:	<input type="text"/>
Address:	<input type="text"/>	Phone number:	<input type="text"/>
Email:	<input type="text"/>	Relationship:	<input type="text"/>

## Your details if making a referral for someone you know

Date of referral:			
Referred by (name):		Position:	
Organisation (if applicable):		Address:	
Email:		Phone number:	

## Additional information

Please provide details relevant to eligibility for the NDIS and current situation and provide supporting documentation, if available:

## Consent

Have you explained to the person and/or their decision maker that an ART representative will make contact with them to discuss this referral further?

- ☐ Yes  
☐ No

Do you anticipate any communication or contact concerns?

- ☐ Yes  
☐ No

If no, please specify:

Does the person and/or their decision maker provide verbal consent to submit this referral to ART on their behalf?

- ☐ Yes  
☐ No

Comment, if applicable:

**\*Please support the person and/or their decision maker to complete the ART consent form.**

## Information privacy

We are committed to protecting the privacy, confidentiality, security, accuracy and integrity of the personal information that we collect, and disclose when we deliver government services and conduct government business. We will manage your personal information in line with the Information Privacy Act 2009.

Please email this form to: [ARTReferrals@dsdsatsip.qld.gov.au](mailto:ARTReferrals@dsdsatsip.qld.gov.au)

The person with disability and/or their decision maker will be contacted within 15 working days.