

Assessment and Referral Team (ART) Referral Form

ART is assisting people with disability in Queensland, aged 7 to 65, to join the National Disability Insurance Scheme (NDIS). Please fill out and return the form below and ART will contact you to discuss your needs.

1. Who needs help to access the NDIS?

Name:

Date of birth:

Address:

Phone number:

Do you require language interpreting services? (please specify)

Primary disability:

Other disabilities/impairments:

2. Additional Information

Please provide other background details if required, or details relevant to eligibility for the NDIS and current situation.

3. Do any of the following apply?

live in a rural, regional and/or remote area
are a school leaver
a child attending a special school
a child in youth detention
are an Aboriginal and/or Torres Strait Islander person

an adult prisoner
from a culturally and linguistically diverse background
an adult subject to supervision by Community Corrections
Other (please specify)

4. Details of the formal or informal decision maker, or other contact, for the person listed above (if applicable)

Name:

Date of birth:

Address:

Phone number:

Email:

Relationship to person:

5. Your details if making a referral for someone you know

Date of referral:

Referred by (Name):

Position:

Organisation (if applicable):

Phone number:

Address:

Email:

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

Yes

No

Comment

Please email this form to ARTReferrals@communities.qld.gov.au. The potential new participant or their decision-maker will be contacted in 5 to 10 working days.

ART has been made available through a collaboration with the Commonwealth Government.