

Expression of Interest

Thank you for enquiring about Care Goondiwindi NDIS services. Please fill in the required information and return to us via email. We look forward to receiving your response.

What Care Disability Services are you interested in finding out more about?	Respite Accommodation	Plan Management
	Support Coordination	Support Services
	Other	

Person making the enquiry:

Name			
Email		PhoneNumber	
Relationship to NDIS Participant	Self Parent / Guardian	Support Coordinator	Other: _____

About the participant:

Name		Age	
Authorised Representative?			
Are you under Trustee or Guardianship?	Yes	No	
What is your primary disability? (<i>Your primary disability is the disability that affects your daily life the most.</i>)			
Please list if you have any other disabilities.			
Are you of Aboriginal or Torres Strait Islander descent?	Yes, Aboriginal Australian Yes, Torres Strait Islander Australian both	Yes, Do not wish to disclose	No

111 Callandoon Street, Goondiwindi QLD 4390.

Email: accommodation@caregoondiwindi.org.au |

Office: (07) 46700700

www.caregoondiwindi.org.au

<p>Are there any cultural or religious beliefs we need to be aware of?</p>	<p>Yes Please specify: No</p>
<p>Do you need an interpreter to help us communicate with you?</p>	<p>Yes Language: _____ No</p>
<p>Do you require assistance to communicate effectively because of your disability?</p>	<p>No, does not need assistance Needs special equipment Assistive Technology Yes, needs assistance from other persons (physical assistance, guidance, supervision, prompting, Auslan or Braille). If yes, please describe type of assistance required:</p>
<p>Do you have an NDIS plan?</p>	<p>Yes ▪ NDIS Plan Start Date: _____ ▪ NDIS Plan End Date: _____ No</p>

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