

# Brightwater Specialist Disability Accommodation Referral Form

Surname:

UR Number:

*(Office Use Only)*

Given Names:

Does client have confirmed diagnosis of:

Date of Birth:

Huntingtons Disease

Gender:

Acquired Brain Injury

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Does client have additional diagnosis? Please provide details:

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Brightwater does not currently provide SIL supports for people with young onset dementia, intellectual disability or autism.

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## Client Information

Current Address:

Contact Number:

Email Address:

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## Referring Person/Organisation Details

Contact Name:

Organisation Name:

Contact Number:

Email Address:

## Client Funding

NDIS Funded:

NDIS Number:

Is SIL funding included in current plan?

Is SDA eligibility confirmed?

**If Yes** - Please attach copy of current NDIS Plan or section demonstrating relevant funding details.

**If No** - Has a request for SIL funding been submitted to NDIA Home and Living Team for Assessment?

Other funding:

Please provide details below.

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Reason for Referral:

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Please attach the following documents, these are required to progress the referral:

- Copy of completed NDIS Home and Living supporting evidence form.
- Medical report or letter confirming diagnosis.

To assist staff to review and assess client suitability for services, please attach the following documents:

- Evidence of funding (Copy of NDIS Plan or section confirming funding allocation for daily supports, or evidence of other funding source e.g. Insurance Commission WA or Private Trust).
- Additional reports (Functional Capacity Assessment, and/or Hospital Discharge reports) that may assist us to understand the client's eligibility for Brightwater SIL, and their care and support requirements.