

Referral for Disability Support Services

[x] [month] [year]

To: The Access Coordinator
Taikura Trust
Level 1 Building 1
570 Mt Wellington Highway
Mt Wellington, Auckland 1062

C.c [GP's name and address]

Name of person with disability:

DOB:

NHI:

Address:

Phone:

Diagnoses:

Key supports (with contact details):

Dear Sir/Madam

An introductory paragraph

(Please provide a brief description of the context for the referral, including – the person's current situation; what services and level of responsibility by DSS/Taikura are being requested and why; why the referral is being made now; and who the referrer is, why they are making the referral, and on behalf of whom.)

A paragraph establishing the person's eligibility for DSS

(Please provide a brief summary of the evidence that the person has a physical, sensory, or intellectual disability; or autism spectrum disorder; or any combination of these that makes them eligible to receive Ministry funded Disability Support Services or DSS.)

A paragraph describing any other conditions the person has

(Please provide a brief summary of the nature, significance, severity and likely outcome of all conditions the person has; and the person's service history relating to these conditions.)

A paragraph describing the person's Need Profile

(Please provide a brief description of the person's most recent assessment or review--include assessor's name, agency and date--and a summary of the outcomes of the assessment including

identified clinical and support needs, required level of care; and the relationship between the person's health conditions/disabilities and their needs for care.)

Consent and capacity (please indicate an X beside the relevant scenario)

The person is aware of the referral

The person is consenting to the referral

The person has capacity to engage in service coordination

There is an authorised substituted decision-maker *(Please provide further details)*

Enclose any of the following

1. The most recent assessment/review report that outlines the person's clinical and support needs.
2. The Specialist Assessor's report that established the diagnosis of the person's disability that makes them eligible for Ministry funded DSS.
3. Clinical letters/reports/summaries that clearly outline all other health and disability issues the person has.
4. Any other relevant reports/assessments.

(Please indicate who the key contact person from your service/agency will be for further discussions and how we can contact them.)

Please contact me if you require any further information regarding this referral.

Yours sincerely

Referrer's Full Name:

Title:

Professional address: