

Partners in Recovery South West Sydney have offices in Bankstown, Fairfield, Liverpool, Camden / Campbelltown, Wollondilly / Wingecarribee.

Please make sure all information is completed for both referrer and consumer.

ELIGIBILITY CRITERIA

Consumers must meet all 7 eligibility requirements to be eligible for PIR.

- Live in the South West Sydney Region
- Are Australian Citizen's or Permanent Resident's (Or NZ Citizen's with a Special Category protected Visa)
- Experience a long term and severe mental health condition that is likely to be permanent
- Experience significantly reduced functional capacity due to a mental health condition
- Despite past treatments their mental health condition continues to impact on their lives
- Interested in applying for the NDIS – National Disability Insurance Scheme
- Are under 65 years of age

Has the consumer given permission to have the referral made on their behalf? Yes No

Is the Consumer aware of the NDIS – National Disability Scheme? Yes No

**For more information about PIR and the NDIS,
please visit our website at www.pirsws.com.au**

Details of person being referred to Partners in Recovery

To Tick a Box Simply Click in the Box.

Full Name:	Date of Birth:

Gender: Female Male Transgender Intersex Other

Current Address:	Postcode:

Mobile Phone:	Home Phone:

Can we leave a voicemail on the number provided? Yes No

Email Address:	Country of Birth:

Interpreter Required? Yes No

If yes, which language:

Does the Consumer identify as: Aboriginal Torres Strait Islander

Referrer's Details

Referrer's Name:	Organisation Name:
Location:	Position or relationship to Consumer:
Telephone:	Email:
Where did you hear about PIR?	

National Disability Insurance Scheme

Select the box that best applies to the consumer.

- The consumer has heard and understands what the NDIS can do to support them
- The consumer has requested an NDIS form but has not yet completed the submission
- The consumer has already submitted an NDIS application and is waiting for an outcome
- The consumer may be interested in submitting an NDIS application in the future

Mental health Information

Please list the consumer's mental health issues:

Has the Consumer's mental illness been formally diagnosed? Yes No

Who was the diagnosis performed by? Psychologist Psychiatrist GP Counsellor

Other

How old was the Consumer when their mental health began impacting their lives?

Is the Consumer currently seeing a medical professional for mental health; please tick any appropriate boxes:

- Psychologist
 Psychiatrist
 GP
 Counsellor

Has the consumer been hospitalised for your mental health needs within the last three years? Yes No

Please give details of hospitalisations including where, when and for how long:

Current Supports

Please select the boxes that best apply to the consumer:

Is the consumer currently receiving support from one or more of the following?

- | | | | |
|--------------------------------------------------|------------------------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> GP | <input type="checkbox"/> Counsellor |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Other Support Program | | |

Is the consumer currently taking medication for their mental Health? Yes No

Please explain what services or treatment options that the consumer has tried in the past, to assist them with their mental health?

Financial Situation

Please select the boxes that best apply to the consumer:

The consumer currently receives income from:

- | | | | |
|----------------------------------------------|-------------------------------------------|-----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> An income from work | <input type="checkbox"/> Newstart Payment | <input type="checkbox"/> Carers Allowance | <input type="checkbox"/> DSP Payment |
| <input type="checkbox"/> Parenting Payment | <input type="checkbox"/> Sickness Benefit | <input type="checkbox"/> Applying for a DSP Payment | |

Other

Please specify:

Functional Capacity

Considering your ability to function daily please tick the boxes where the consumer requires further assistance.

- | | | | |
|----------------------------------------------------|-------------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Communication with others | <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Caring for children | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Working | <input type="checkbox"/> Finances | <input type="checkbox"/> Self-Care |
| <input type="checkbox"/> Caring for the home | <input type="checkbox"/> Attending Appointments | <input type="checkbox"/> Managing Medications | <input type="checkbox"/> Cooking |

Supports Needed

- | | | | |
|-------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Sourcing a GP | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Alcohol and or drug problems | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Family relationships | <input type="checkbox"/> Legal Matters |
| <input type="checkbox"/> Custody Issues | <input type="checkbox"/> Looking for employment | <input type="checkbox"/> Day to Day living skills | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Education | <input type="checkbox"/> Applying for a DSP | <input type="checkbox"/> Parenting classes | <input type="checkbox"/> Mobility Issues |

Other Please specify:

Other Conditions

Please list any other conditions that the consumer experiences that impact on their ability to function on a daily basis, this may include physical and intellectual problems:

We appreciate you taking the time to fill in this form, our Intake Officer will be in contact with you shortly. Please be aware that the phone call will show up as a private number.

*For further information please contact
Partners in Recovery Intake on 1300 747 797
or email pirsws@onedoor.org.au*