

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:
NDIS participant ID (if known or applicable):	
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.

