



Disability Services Commission

Referral form for Intellectual disability/Autism Spectrum Disorder

Please complete this form and return to:

Disability Services Commission
Eligibility Coordination Team
PO Box 441
West Perth WA 6872

Fax : 9226 0391
Email : eligibility@dsc.wa.gov.au

Section A: Details of the individual being referred

Surname				
First name		Other name(s)		
Date of birth		Gender (please circle)	M	F
Address				
Postal address (if different to above)				
Telephone	H:	M:		
Country of birth:				
Is the applicant of Aboriginal or Torres Strait Islander descent?			Y	N
Is the applicant a permanent Australian resident? Please provide a copy of the referred person's birth certificate			Y	N
Does the applicant speak a language other than English?			Y	N
If yes , what other language(s) does the applicant speak? (eg Vietnamese, Italian, AUSLAN)				
Is an interpreter required for the applicant and/or parents/guardians?			Y	N
Does the applicant identify as being from a culturally and linguistically diverse (CALD) background?			Y	N

Section B: Reason for referral

Please tick appropriate box or boxes

- Intellectual disability
 Autism Spectrum Disorder
 Global Developmental Delay

Section C: Details about the applicant’s parent(s)/guardian(s)

Are the parents the applicant’s legal guardians? Y N

If **No**, please provide a copy of the **appropriate order**.

	Parent/Guardian (1)	Parent/Guardian (2)
Relationship		
Surname		
First names		
Address		
Postal address (if different to above)		
Telephone	H:	H:
	M:	M:
Email		

Were **both** parents born overseas? Y N

If **yes**, please include a copy of:

- An Australian citizenship certificate, or
- A copy of the relevant passport section (with visa details) stating you may remain in Australia permanently
- For a New Zealand citizen, proof that you were born in New Zealand or have a New Zealand citizenship certificate.

Have any of the applicant’s family members ever been referred to the Commission?	Y	N
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If **yes**, please provide their names and date of birth:

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Section D: Details of the referring person

Name		
Position/job title		
Agency (if applicable)		
Address		
Postal address (if different to above)		
Phone/fax	W:	M:
	H:	Fax:
Email		

Please use this checklist and tick each box to ensure your referral can be processed as quickly as possible.

- All details in Sections A, B, C and D have been completed.
- Proof of residency or citizenship (if required) has been attached.
- Reports which may support your application for services (eg speech pathology, school psychology reports) have been attached.
- The consent form (page 4) has been completed and signed.

Please contact the Eligibility Coordination Team on **9426 9223** or **9426 9232** if you require any assistance with completing this referral form.

Section E: Consent and information (please tick)

Y N I consent to this referral being made to the Disability Services Commission (the Commission) for the purpose of determining eligibility for services.

Y N I consent to the Commission writing to the agencies/professions listed below to request information which may assist with this referral.

Agency/professional's name	Address	Phone	Fax

Y N I consent to an assessment by a psychologist and/or speech pathologist for the purpose of determining eligibility for services (where one is considered necessary).

Y N I would like the opportunity to be invited (by mail) to participate in research projects supported by the Commission.

Y N I consent to the diagnostic information being shared with the Autism Advisory Program to determine if eligible/not eligible for their program.

Y N I consent to the diagnostic outcome being shared with the Department of Education Western Australia to determine if eligible/not eligible for the Schools Plus Program.

Y N I will inform the Commission if I am seeking compensation for this disability and, once my case is complete, I will disclose details of settlement to the Commission.

Parents/legal guardians to sign this consent form. If the applicant is over 18 years, the applicant will also need to sign this form.

I have read the above or had the above explained to me, I understand and I give my consent.

Name:		Signature	
Relationship to applicant		Date	
Name:		Signature	
Relationship to applicant		Date	
Name of applicant		Reference number (if known)	