

St Michaels Association Inc.

Admission Form

THIS FORM IS CONFIDENTIAL

Staff are required to ensure that all information on this form is accurate and all relevant sections are complete.

Completed by:

- Participant
- Parent/Guardian
- Participant/Parents/Guardian with staff assistance

Office Use Only	
Admission Form Received _____	DMPC initial _____
NDIA Service Number _____	CEO initial _____
D.O.B _____	<input type="checkbox"/> Active <input type="checkbox"/> On Trial <input type="checkbox"/> Waiting <input type="checkbox"/> Not Accepted
<input type="checkbox"/> Copy of participant's NDIS plan attached	<input type="checkbox"/> FSER69 Service Agreement is complete and Renewal date _____
<input type="checkbox"/> Funding has been approved	<input type="checkbox"/> FSER27 Person Centred Plan is complete and goals have been identified
<input type="checkbox"/> Marketing Permission has been given	<input type="checkbox"/> FSER41 Health Care Plan is complete
<input type="checkbox"/> All 5 Sign off areas are complete	
<input type="checkbox"/> Diary – Strategies/behaviour plan	
<input type="checkbox"/> Medication – Drug chart/sign off sheets prepared and medication arranged	
<input type="checkbox"/> All paperwork collated ready for final approval	
<input type="checkbox"/> Discussion with DMO commencement date confirmed – Commencement date _____	
<input type="checkbox"/> Copy of Admission Form provided to participant/parent/guardian	
<input type="checkbox"/> Halo updated	<input type="checkbox"/> Letter of Acceptance Sent
✓ indicates action complete X indicates not applicable	

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General Information

How did you find out about St Michaels Association? _____



Personal Information

Given Name _____

Surname _____

Gender _____ Date of Birth _____

Address (when not at St Michael's Association)

Suburb _____ Postcode _____

Phone – Participant's Mobile _____ Home _____

Email – Participant's _____

Religion – optional _____

All participants should have their own Medicare Card, Pension Card and / or Health Care Card and please ensure that the numbers are recorded below:

Pension Number _____ Expiry Date _____

Medicare Number _____ Expiry Date _____

Position on Card _____

Health Care Card Number _____ Expiry Date _____

Private Health Provider _____ Expiry Date _____

Membership Number _____

Physical Description

Hair colour _____ Eye Colour _____

Height _____ Weight _____



Please attach a recent photo

Would you like your photo returned (please circle) Yes / No

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National Disability Insurance Agency - NDIA

Are you registered with NDIA Yes No

If yes, what is your NDIA Service Number? _____

A copy of your full NDIA plan has been provided Yes No

Gateway to Tasmanian Disability Services (Baptcare)

Are you registered with Gateway (Baptcare)? Yes No

If yes, what is your Service Number? _____

Individual Support Program

Do you have a Funding Package Yes No

If yes, what are your Support Hours

Days of Support	Start	Finish	Location

If yes, what type of support have you been funded for?

Please be specific:

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St Michaels Program Information

Please tick programs you are applying for or are interested in

- | | |
|---|---|
| Merton House – Transitional Accommodation | <input type="checkbox"/> Start Date _____ |
| Group Home - Como Crescent Group Home | <input type="checkbox"/> Start Date _____ |
| Group Home - Kenneth Court | <input type="checkbox"/> Start Date _____ |
| Group Home - Penquite Road | <input type="checkbox"/> Start Date _____ |
| Student Accommodation | <input type="checkbox"/> Start Date _____ |
| In Home Tenancy Support | <input type="checkbox"/> Start Date _____ |
| Community Access - Day Program | <input type="checkbox"/> Start Date _____ |
| Respite Program | <input type="checkbox"/> Start Date _____ |
| Units Accommodation | <input type="checkbox"/> Start Date _____ |
| Individual Support Program | <input type="checkbox"/> Start Date _____ |
| Youth Break (Carer Respite) | <input type="checkbox"/> Start Date _____ |
| Distant Education Program | <input type="checkbox"/> Start Date _____ |

Confidentiality

All Staff at St. Michaels Association Inc. are committed to keeping your personal information as confidential as possible according to their obligations as employees and professionals. This includes your personal details, address and contact details, family background, personal habits, medical history, or even your photograph.



Please be aware that we might be obliged to share particular information with relevant staff and volunteers, with your parent or supporter, with your medical practitioner, or with representatives of other agencies such as your Day Program should it be requested.

In some circumstances it would be necessary for us to share certain information with other organisations such as Tasmania Police.

These issues will be discussed with you as part of your service agreement with St. Michaels Association Inc., and you will be asked to give permission for us to share certain information accordingly.

Management of funds on behalf of participants

Participant's cash and financial records will be secured on the premises in a locked cabinet when not in use as defined in St Michaels Policy [PFIN01 Financial Management](#).



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Staff members may only access and manage funds belonging to a participant if written permission has been granted by the participant or the participant's legal representative, and the scope of assistance that has been requested is properly documented.

The Disability Manager Participants & Participants will have oversight for negotiating the nature and scope of financial assistance that is required by participants with the participant and, if required, their legal representative/s.

The Disability Manager Participants & Clients will communicate the details of the required assistance with Disability Manager Operations and the Corporate Services Manager.

The day to day task of handling and recording cash transactions is the responsibility of the disability support staff member on duty, and it is their responsibility to show that the amount recorded accurately reflects the amount of cash transacted during the shift, a description of the purpose of the transactions, and the total amount held at the end of the shift.

The Disability Manager Operations will ensure that the amount of cash held on behalf of each participant is minimised, and does not exceed \$200 unless authorised in writing.

The Disability Manager Operations is responsible for verifying that the participant's funds are being handled appropriately, and that records are kept as required.

The Corporate Services Manager will oversee periodic internal audits of funds which are managed on behalf of participants, and report anomalies to the CEO.

Financial Assistance

Yes No

As part of my support program with St Michaels Association I request that St Michaels provide support to assist me in managing my day to day finances. This assistance will generally include, but is not limited to:



- Budgeting
- Working out when expenses should be paid and actually paying those expenses
- Withdrawing sufficient funds to pay my expenses

Participant/Nominee: _____ Sign: _____ Date: _____

Person Centred Plan/Contract

Is a set of approaches designed to assist someone to plan their life and supports. It is used most often as a life planning model to enable individuals with disabilities or otherwise requiring support to identify their goals, increase their personal self-determination and improve their own independence.



The Person Centred Plan/Contract is reviewed on an annual basis or as required with the participant and or their representative and updated accordingly.

[FSER27 Person Centred Plan/Contract.](#)

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Unit and Tenancy Support

St Michaels has a number of independent living units on site. A potential resident may request to be assessed for eligibility. In so doing the Disability Manager Participants & Clients will be guided by St Michaels Policies

[PSER01 Client Services and Support](#) and [PSER08 Unit & Tenancy Support](#).



Eligibility will be based on a number of factors (but not exclusive to):

- The person can fund their own unit; and
- The person is a family relative of another resident on site and that other resident's welfare would, in the view of the individual and/or their independent advocate, be benefited by the family relative being co-located; and
- There would be no disadvantages to or objection from the other residents living or intending to live on-site.

The Resident will be eligible to access those occasional support services which are provided to other residents in adjoining units. In most cases this will involve assistance with the activities of daily living.

Where the individual's support needs are highly specialised (medical, dental, mobility, gerontological, physiotherapy etc.) then the resident will where possible be referred to other support services of St. Michaels, or assisted to other specialists or specialised services.

In all other respects the Resident is expected to participate in the normal obligations of a rental tenant including taking reasonable care of the property, removing rubbish for disposal, site cleanliness, reporting damage or concerns, paying rent as agreed, general tidiness and hygiene.

The Disability Manager Participants & Clients will ensure that once a person is assessed as eligible then they will be waitlisted for a vacant unit. Priority for access will be recommended by the Disability Manager Participants & Clients when a vacancy occurs.

All the obligations of the tenant will be set-out in a Residential Tenancy Agreement (RTA). The RTA must be signed by each party prior to the commencement of residency.

Attendance and Activity

A participant's attendance, session time, activities, achievements and outcomes will be recorded in accordance with St Michaels Policy

[PSER11 – Client Attendance and Activity](#).



Participant Protection (including children)

St Michaels is committed to provide a safe and secure environment for all its participants and staff. This security maybe achieved through Participant observation either directly or indirectly using obscure glass to protect the privacy of records, while maintaining participant safety.



In supporting children and vulnerable adults, St Michaels aims to make every effort to ensure that these participants are not placed at risk, and staff including volunteers are not exposed to false accusations in accordance with St Michaels Policy.

[PSER12 – Client Protection \(inc. Children\)](#)

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**Marketing Permission
(Must be completed by parent or guardian if under the age of 16)**



St Michael's Association Inc. is proud of its established programs, products and services and from time to time wishes to use its greatest achievements, its staff and participants, in promotions such as newsletters or media events.

Any advertisements, be they web pages, photographs, articles or brochures will be used purely for the promotion of the organisation and to further the organisation's objectives and purposes.

I **Do** **Do not** give permission for my child's name or photographic images to be used to promote St Michael's Association Inc., its goods and services, while I receive services from St Michael's Association Inc.

I understand that my child's name or photographic image will not be used after I leave the services of St Michael's Association Inc.

Participant/Nominee: _____ Sign: _____ Date: _____

Rights and Responsibilities

As a participant at St Michaels you have rights and responsibilities which include;



Your Rights

- Receive quality and professional support and services.
- Be involved in developing and reviewing your personal plan.
- Receive private and confidential services (except when risk to self, others or abuse is reported).
- Receive assistance from an interpreter if required.
- Have somebody support you or speak on your behalf – a staff member, friend, family member or advocate.
- Have a right to access, or amend your personal information.
- Be involved in managing your personal finances.
- Be treated with dignity and respect.
- Receive feedback (compliments & complaints).
- Report any grievances and complaints (refer to the Grievances and Complaints section).
- To have personal belongings stored whilst at St Michaels and to have access if required.

Your Responsibilities

I understand that I am expected to behave in an appropriate manner towards all staff, other participants and members of the community at all times whilst attending any St Michaels Association scheduled programs and or activities.

- I will not swear or use any form of verbal abuse
- I will not use any offensive physical gestures
- I will not hit, kick, spit at or pinch

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- I will not backchat
- I will not hang arms or legs out of St Michaels vehicles
- I will treat others with dignity and respect
- Report any incidents and provide feedback (compliments and complaints).
- I am responsible for my own personal belongings whilst at St Michaels. St Michaels are not responsible for theft, loss or damage to personal belongings.

All people have the right to feel safe in their home, work environment and in the Community. Bullying, threatening, or any physical acts against another person is a criminal offence and will not be tolerated at St Michaels. Any person subjected to these acts has the right to have charges brought against the offender.

A participant may be excluded from accessing St Michaels Association Inc. programs and or activities if they are found to be in breach of the guidelines and or are subject to criminal action.

I have read and or have had my rights and responsibilities explained to me and agree to abide by the guidelines listed above as a participant at St Michaels Association Inc.

Name/Nominee: _____ Sign: _____ Date: _____

Providing Feedback – Compliments, Grievances and Complaints

We encourage participants and their supporters to, as soon as possible, report any form of positive and negative feedback including compliments, grievances or complaints about the service provided by St. Michaels Association Inc.



Negative feedback such as Grievances and Complaints are documented and addressed in an appropriate, timely manner in accordance with our Policy [PGEN03 Grievances and complaints.](#)

Making a complaint can sometimes be confronting or upsetting. However please be assured that your comments are important to us and they will allow us to improve our services and identify hazards.

Who do I talk to about my complaint?

If you think that the problem has resulted from the actions of a staff member we encourage you to talk to the Disability Manager Participants & Clients, or the CEO.



If you think the problem has resulted from the actions of a senior member of staff then we encourage you to talk to the CEO or to a member of the Board of Management.

Should I put my complaint in writing?

You may put your complaint in writing, or discuss it with one of the staff members and ask them to help write it down.



Either way we ask you to sign the complaint to confirm that you agree with the details.

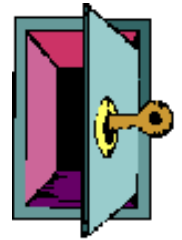
Alternately you can record your concerns on tape.

You are encouraged to have a parent, guardian, advocate or other support person with you.

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Will my complaint be treated confidentially?

We will keep the relevant details of your complaint as confidential as possible. However it may be necessary to discuss these details with other representatives in order to resolve the issues satisfactorily.



Such representatives may include Service Coordinators, guardians, advocates, staff members or members of the Board of Management.

What will happen after my complaint is received?

The matter will be discussed promptly with all persons involved, including yourself and the staff and representatives concerned, with the intention of seeking a prompt resolution.



We will then revise our work methods or policies to ensure that such problems will be avoided in the future.

A record will also be made to detail the date, the name of the person making the complaint, the name of the person receiving the complaint, the nature of the problem or concern, and the outcome or solution. Should you wish to view this record (or any other record kept by the organisation which relates to you) simply contact a staff member.

What if I feel as if I have been unfairly treated?

Please tell us if you feel the outcome has not addressed your concerns, or if you otherwise feel unfairly treated. It is possible that we have misunderstood your concerns. Or have been too slow in addressing them.



If you wish you can talk to one of the members of the Board of Management to discuss your concerns.

In any case you may choose to further your complaint/s through another agency. Some of these include:

- The Department of Health and Human Services
- The Office of the Health Complaints Commissioner
- The office of the Anti-Discrimination Commissioner

Your Advocacy association may also be available to help with furthering your complaint or concern.

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Participant Concerns

If you have any questions or concerns there are many people available for you to talk to:



Staff - Talk to support staff, they are there to support and assist you



Family - Talk to your family for all your needs



Service Provider - Talk to your service provider they are there to address your needs whilst in their service



Service Co-ordinator - Talk to your service co-ordinator they are there to help you with your needs



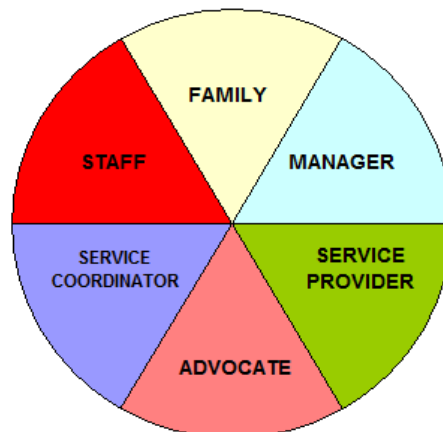
Advocate - You can always talk to your Advocate if no one else can help



St Michaels - Disability Manager Participants & Clients - Talk to the DMPC if you need extra help



St Michaels - Chief Executive Officer - The CEO is available to talk with you if you feel that your concerns have not been met by others.



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Participant Requirements

Prior to the start date this Admission Form plus any other relevant documents listed below, must be completed and lodged at the office of St Michaels Association:



Drug Chart - a current, signed and dated medication chart from the doctor must be supplied for any participants that require medication while in the services of St Michaels Association.



All medication is to be packed into **Webster/Medico Packs**. This can be organised by St Michael's Association Inc in communication with the Disability Manager Participants & Clients.

Participants being accommodated may be eligible for further financial assistance from Centrelink with **Rental Assistance and/or Mobility Allowance**. The office staff can assist you with completion of forms and lodgement of claims.



Desmond Wood Complex (only) - students will need to complete an AIC (Allowance for Isolated Children) form. Office staff are available to assist families in completing forms and will lodge them with the department on your behalf.



All participants' personal belongings should be named and must be insured by the family, or the participant. They are not covered by St Michael's Association Inc insurance. Extending your personal insurance can do this.



Assistance with financial management is available to all participants. This can be arranged through the Disability Manager Participants & Clients.



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Health Services

Participants are assisted when attending a medical appointment as required. In case of a medical emergency the participant is taken to the Launceston General Hospital or to their practitioner.

Participant's Doctor _____

Doctor's Address _____

Doctor's Phone _____

After Hours Number _____

Participant's Specialist (if relevant) _____

Specialist Address _____

Specialist Phone _____

Reason for specialist attention _____

Participant's Dentist (optional) _____

Dentist Address _____

Dentist Phone _____

Mental Health Provider _____

Provider Address _____

Provider Phone _____

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Medical Report

Upon admission into St. Michaels Association all participants are required to have a medical report completed by a family member or their practitioner prior to entry. This report is a confidential document for the undernamed applicant that will be contained in their personal file, in the office of St. Michaels Association Inc.



Immunisation Record

Item	Action	Date of last injection
Triple Antigen	Yes / No	
Sabin	Yes / No	
Measles	Yes / No	
Mumps	Yes / No	
Whooping Cough	Yes / No	
Rubella	Yes / No	
Hepatitis B	Yes / No	
Hepatitis C	Yes / No	
Tetanus	Yes / No	
Flu Vaccine	Yes / No	

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Medication Information

Is the participant taking regular medications? Yes No



Under the drug administration act a completed, signed and dated drug chart is required for all participants attending St. Michaels Association Inc.



Are there any special directions to assist with medication administration?

Does the participant have any known Drug allergies or Drug Sensitivities? (If yes please list) Yes No

PRN Medication - (medication that is given only when required)



PRN Medications are to be administered in specific circumstances only under written directions as documented on the drug chart by the participant's physician.

Does the participant require PRN medication? Yes No

Medication _____
Generic Brand Name

Dose _____ Frequency _____

Purpose and instructions (circumstances when medication can be given, safe intervals between doses, maximum amount, when Doctor should be notified)

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Please list all medications

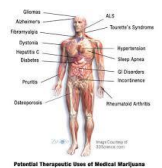
Medication	Dose	Frequency	Commenced	Special Directions

Where possible please attach a copy of any documented management programs.

Diagnosed Medical Condition/s

Has the participant been diagnosed with any of the following medical conditions? (Please circle).

If yes please attach any directions for management of the condition.



Intellectual Disability	Yes / No	Autism Spectrum	Yes / No
Heart condition	Yes / No	Addictions	
Diabetes	Yes / No	Tobacco	Yes / No
Epilepsy	Yes / No	Alcohol	Yes / No
Mental Health	Yes / No	Other Conditions	Yes / No
Asthma	Yes / No		_____
Visually Impaired	Yes / No		_____
Hearing condition	Yes / No		_____
Mobility Problems	Yes / No		_____
Weight Management	Yes / No		_____
Continence	Yes / No		_____
Bowel condition	Yes / No		_____
Sleep problems	Yes / No		_____
Skin condition	Yes / No		_____
Menstrual problems	Yes / No		_____

Details for care of any medical condition needs to be outlined in the participants 'Health Care' Plan by their doctor

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Contact Information

Primary Carer

Name _____

Phone - Home _____ Mobile _____

Relationship _____ Next of Kin _____

Gender _____ Occupation _____

Address _____

Suburb _____ State _____ Postcode _____

Email address _____

Employer's Name _____

Employer's Address _____

Employer's Phone _____

2nd Contact

Name _____

Phone - Home _____ Mobile _____

Relationship _____ Next of Kin _____

Gender _____ Occupation _____

Address _____

Suburb _____ State _____ Postcode _____

Email address _____

Employer's Name _____

Employer's Address _____

Employer's Phone _____

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Other Contacts

Service/Case Manager Contact

Name of Service _____

Contact Person _____ Phone _____



Advocate

Contact Person _____ Phone _____

Organisation (if applicable) _____



Guardianship

Is the participant subject to Guardianship Yes / No

Name of Guardian _____

Address of Guardian _____

Phone _____ Mobile _____

Behaviour Management Plans

To assist in providing consistent care to our participants we ask that you outline any behaviour management plans that may be used in the home, community or when attending other programs.



Please attach a copy of any documented behaviour management plans.

Does the participant have a behavior management plan? Yes No

A copy of the behavior management plan is attached? Yes No

Social Relationships

Does the participant mix well with adults? Yes / No

Does the participant mix well with children? Yes / No

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Disruptive Behaviours

Please describe any current disruptive behaviours and the strategies being used for the management of the behaviours.

Are there any factors that have been identified prior to behaviours ie: noise levels, activity, interactions from other persons, foods/drinks etc.

Does the behaviour put the participant or any other persons at risk of injury?
Yes / No

If yes, please provide details

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Are you aware of any previous incidents with any participants that currently attend or staff who are employed at St Michaels?

Yes / No

If yes, please provide details

3 rd party Name	Incident	Outcome

Are you aware of any previous incidents of concern within any other service provider?

Yes / No

If yes, please provide details

3 rd party Name	Incident	Outcome

As a consequence of previous incidents are there any special arrangements, behaviour management documentation or strategies that we need to be aware of?

Yes / No

If Yes, please provide details

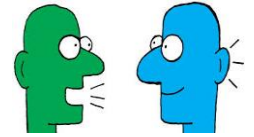
*Note – Please update the [FSER49 Additional Needs Admissions Register](#)

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Personal Needs

Communication (please tick)

- Verbal
- Non – Verbal
- Signs
- Gestures



Is the participant familiar with any computer, ipad, mobile phone or electronic applications?

Yes / No



Please specify

Mobility

- Walks independently
- Uses a frame
- Uses a wheelchair
 - Electric
 - Manual



Requires other aides

Community Access

Can participant travel on public services independently?

Yes / No

Needs assistance getting on/off buses?

Yes / No

Needs assistance paying fares?

Yes / No

Needs assistance changing buses?

Yes / No

Needs assistance booking taxi/wattle car

Yes / No



Other (specify) _____

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Eating Skills

Can the participant prepare and eat independently?

Yes / No



Participants meal size

- Small
- Medium
- Large

Food is Served

- Whole
- Cut
- Mashed

Eats Meal

- By self
- With assistance

Can Use

- Knife and fork
- Fork only
- Spoon
- Fingers
- Needs Assistance
- Special Bowl

Food – particular likes

Food – particular dislikes

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Food – any known allergies

Diet

Does the participant have any special diet?

Yes / No



If yes please submit a dietary outline with this application.

Can the participant eat in public places with acceptable table manners?

Yes / No

Can the participant order their own meals in public places?

Yes / No

Needs Assistance

Drink

Can the participant prepare and drink independently?

Yes / No



Drinks from

Cup/Glass

Through Straw

Other _____

Pours drink

Assisted

Unassisted

Boil Kettle

Assisted

Unassisted

Is the participant able to carry hot drink to table?

Yes / No

Please outline usual meal time routines and situation (ie: time, seating etc.)

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Personal Care

Toileting

Can the participant use a toilet independently? Yes / No

Needs Prompting Yes / No

Needs Assistance with clothing Yes / No

Asks to be taken Yes / No

Needs reminders to use toilet Yes / No

Recognises public facilities Yes / No

Please describe how need is indicated (words, signs, gestures)

Does the participant need to be taken/prompted to use the toilet during the day? Yes / No

Does the participant need to be taken/prompted to use the toilet during the night? Yes / No

Does the participant have toilet accidents Yes / No

Never

Seldom Yes / No

Only when nervous Yes / No

Does the participant wet the bed? Yes / No

Does the participant need assistance wiping after a bowel motion? Yes / No

Is there a regular routine/time for bowel movements? Yes / No

Please describe _____

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Bathing

Does the participant prefer to:

Shower

Yes / No

Bath

Yes / No

Can the participant shower/bathe independently?

Yes / No

Assistance with clothing

Yes / No

Supervision only

Yes / No

Some physical assistance

Yes / No

Full assistance

Yes / No

Uses special aids (eg: shower chair)

Yes / No

Describe aid

Hair Care



Can the participant do their hair independently?

Yes / No

Assistance with applying shampoo

Yes / No

Assistance with washing

Yes / No

Assistance with rinsing

Yes / No

Assistance with brush/comb hair

Yes / No

Shaving



Electric razor

Yes / No

Safety razor

Yes / No

Independently

Yes / No

Does the participant require assistance with Brushing teeth

Yes / No

Cutting fingernails

Yes / No

Cutting toenails

Yes / No

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Dressing

- Can the participant dress/undress independently? Yes / No
- Needs assistance dressing Yes / No
- Needs assistance undressing Yes / No
- Needs assistance choosing appropriate/clean clothes Yes / No
- Does the participant require assistance with Buttons Yes / No
- Shoelaces Yes / No
- Zips Yes / No
- Other _____



Money

- Can the participant manage their money? Yes / No
- Recognises currency Yes / No
- Can count money Yes / No
- Checks for correct change Yes / No

Fears/Phobias

Does the participant have any fears/ phobia's Yes / No



Please describe _____

Is there any other information which you think would be helpful for the care of the participant?

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Accommodation Support

Participants that reside at St Michaels Association will either be attending a school, training works or Community Access program during the day.

Please list below the programs that you are currently attending.

Applicants for Accommodation MUST COMPLETE this page.



Program 1:

Name of Program/Service or School _____

Contact Person _____

Address _____

Phone _____ Mobile _____

Days attending	Times

Program 2:

Name of Program/Service or School _____

Contact Person _____

Address _____

Phone _____ Mobile _____

Days attending	Times

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Leisure Activities

Leisure/social activities can be arranged for participants to participate in provided it is at a time when staff and transportation is available.



Any costs for activities will need to be paid by the participant or family. If under 16 consent must be given by the parent/guardian.

Please list any activities of interest for participation or as a spectator:

There are other Services providing a variety of evening programs. Please tick the programs that may be of interest

- Crossroads
- Speak out
- New Horizons
- Other _____

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Payment Agreement

Payments for accommodation and program service fees are to be made by direct debit or at the office of St Michaels Association Inc. Cash, cheque and Eftpos payments are accepted.



Payments can be made weekly, fortnightly or monthly.

Overdue accounts in excess of three months will be placed with a collection service and will jeopardise the continuation of services to the participant.

I understand my commitment and agree to pay all accommodation and associated fees for service to St Michaels Association Inc.

Participant/Nominee: _____ Sign: _____ Date: _____

To be completed by parent or guardian for participants under the age of 18 years only.



I accept that my child may choose to visit friends or relatives, or leave the St Michaels campus unsupervised, for brief periods of time and give permission for them to do so if the staff member is satisfied that they are entering a safe environment. I understand that where supervision can not be provided that my son/daughter is responsible for their actions and that any inappropriate actions or behaviours will be addressed by the staff in consultation with the **Disability Manager Operations** and I will be informed of any such situation.

Name: _____ Sign: _____ Date: _____

Non-Contact Permission by Nominee/Parent or Guardian

Is there anyone that you do not give permission for your son/daughter to visit or have contact with? (in the case of a legal order could you please provide a photograph and documentation)



Name _____

Name _____

Name _____

Name _____

Name _____

***Note – Please update the [FSER49 Additional Needs Admissions Register](#)**

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Information Consent Form

To enable us to have a full understanding of your support needs and to be able to work in conjunction with other services to provide you with consistent support in helping you to achieve your goals we ask for your consent to contact other services, professionals or individuals involved in your care.



Please list the name of the service; a contact person and a contact number

Name of Service	Contact Person	Phone Number

The information that is collected will remain confidential within the service of St Michaels Association Inc. and will not be passed to any other persons unless consent has been given or it has been requested in an emergency.

I read and or have had the information contained in the Admission Form explained to me.

I fully understand my obligations, rights and responsibilities and agree to St Michaels Association Inc. collecting relevant information for my care from the above person/s.

Participant/Nominee: _____ Sign: _____ Date: _____

Witness

Name: _____ Sign: _____ Date: _____

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Office Use – Admission Process

Additional Needs Admissions Register – is a register that outlines previous participant agreements, issues and relevant strategies.

The Admission Registrar is required to review the **FSER49 Additional Needs Admissions Register** prior to having the **Admission Form** signed off.

If a proposed participant is found to be on this register both the Disability Manager Participants & Clients and Chief Executive Officer CEO must be advised, they must review and agree to accept the application after which both must sign off on the **Admission Form**.

Admission Registrar Details

Name: _____ Position: _____ Date: _____ Time: _____

Has the **FSER49 Additional Needs Admissions Register** been checked Yes No

If No, why not? _____

If Yes, was any proposed participant information found on the register? Yes No

If No, please proceed with the Admission review and final signoff by the DMPC and CEO

If Yes, please provide details

Admission Form has been reviewed and approved by:

Name: _____ Signature: _____ Date: _____
Disability Manager Participants & Clients

Name: _____ Signature: _____ Date: _____
Chief Executive Officer

Action:

A signed copy of the completed Admission Form is to be forwarded to the participant and or their designated carer/guardian.
Letter of acceptance sent to participant.

Yes No
Yes No

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Annexure A - National Disability Insurance Agency – Registered Programs

NDIA Matrix by NEW Service Name	Gateway / Disability Services Tas Common Names	St Michaels Association Inc. Common name/Brand of the Program
Assistance in coordinating or managing life stages, transition and supports	Case management, local coordination and Development Individual Support Program (ISP) Mutual Support / Self Help Groups	Individual Support Packaging
Assistance with daily life tasks in a group program or shared living arrangement	Group Homes Hostels Accommodation Support Services Alternative Family Placement Centre-based Respite/Respite Homes Large and Small Residential Institutions Respite Services - Overnight Respite Respite Services (Centre Based) Respite Services (Host Family)	Group Homes - Supported Accommodation Student Accommodation YouthBreak Program Emergency Respite Accommodation YouthBreak Program YouthBreak Program
Assistance with daily personal activities	Attendant Care Services Flexible Respite Individual Support Program (ISP) Personal Support Services Respite Services (Host Family) Respite Services (Own Home)	Outreach Program YouthBreak Program Outreach Program ISP Program
Development of daily living and life skills	Attendant Care Services Individual Support Program (ISP) Personal Support Services	Day Program
Household tasks	Attendant Care Services Individual Support Program (ISP)	Outreach Program
Participation in community, social and civic activities	Community Access Services Centre-based Respite Flexible Respite Individual Support Program (ISP) Learning and Life Skills (all forms) Recreational / Holiday Programs Respite Services (Centre Based) Respite Services (Host Family)	Day Program Day Program YouthBreak Program Individual Support Packaging Day Program Day Program YouthBreak Program
Training for independence in travel and transport		Day Program
Assistance with travel/transport arrangements (old mobility allowance)		Bus Run/Transport
Management of Funding for Support under a participant's plan		Intermediary Services
Assistance to integrate into school or other educational program	Individual Support Program (ISP)	Day Program / ISP
Physical wellbeing activities (certified)		Day Program

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