

Assessment and Referral Team (ART) Referral Form

ART is assisting Queenslanders aged 7-64 with disability to join the National Disability Insurance Scheme (NDIS). Please complete this referral and submit via email. An ART representative will contact the referrer or guardian of the child or young person to discuss the referral further.

ELIGIBILITY: For a person with a disability to be eligible for support from ART they must meet at least one or more of the following criteria:

- ☐ is a child or young person subject to child safety intervention
- ☐ lives in a remote or very remote location that is outside a Local Area Coordinator, Partner in the Community (LAC PitC) location

To find out if you are located in a LAC PitC location, visit the NDIS [website](#).

- ☐ is a young person connected to the Youth Justice Stronger Communities Initiative or are a serious repeat offender
- ☐ is an adult living in community and connected to offender support programs
- ☐ is an adult living in level 3 supported accommodation
- ☐ identifies as culturally and linguistically diverse and are engaged with resettlement and refugee programs.
- ☐ Other, please specify:

The person who needs help to access the NDIS:

Legal name:		Date of birth:	
Preferred name:		Gender identity:	
Address:		Phone number:	
Email:			

Is the person of Aboriginal and/or Torres Strait Islander origin?

- ☐ No
- ☐ Yes – Torres Strait Islander
- ☐ Yes – Aboriginal
- ☐ Yes – both Aboriginal and Torres Strait Islander
- ☐ Do not wish to disclose

Are language interpreting services required? (If yes, please specify)

Primary or suspected disability:

Other disabilities/impairments:

Details about decision maker or other relevant contacts

Please provide details of the decision maker, carer, guardian or other relevant contacts for the person who needs help to access the NDIS (if applicable):

Full name:

Date of birth:

Address:

Phone number:

Email:

Relationship:

Please provide details of the person/organisation making the referral (if applicable):

Date of referral:

Referred by (name):

Position:

Organisation:

Address:

Email:

Phone number:

Additional information

Please provide details relevant to eligibility for the NDIS and current situation. With consent, provide supporting documentation as available:

Consent

If referral is being made by a third-party, does the person and/or their decision maker/guardian consent to this referral, including consent to provide any attachments and to disclose personal information listed above to ART on their behalf?

☐ Yes

☐ No

If no, please specify:

Initial contact or services from ART may not be made without consent to do so.

***Please support the person and/or their legal guardian to complete the ART consent form.**

Have you discussed the privacy notice below with the person and/or their legal guardian?

☐ Yes

☐ No

Have you explained to the person and/or their decision maker/guardian that an ART representative will contact them to discuss this referral further?

☐ Yes

☐ No

If no, please specify:

Do you anticipate any communication, safety or contact concerns?

☐ Yes

☐ No

If yes, please specify:

Please email this form to: ART.Referrals@families.qld.gov.au

The referrer and/or guardian of the child or young person will be contacted within 10 working days.

Information privacy

The Department of Families, Seniors, Disability Services and Child Safety (**the department**) is collecting your personal information for the purpose of providing services to you through the Assessment and Referral Team (**ART**). If you do not provide the requested information, it may not be possible for ART and the department to provide services to you.

This information is collected under the *Disability Services Act 2006* and may be shared with other entities, with your consent, for the provision of disability services. Your information will not be disclosed overseas without specific prior consent.

Your personal information will be handled in accordance with the [Information Privacy Act 2009 \(Qld\)](#) and the [Queensland Privacy Principles \(QPPs\)](#). More information about how we handle personal information is available on our [website](https://www.families.qld.gov.au/about-us/our-department/right-information/information-privacy) (<https://www.families.qld.gov.au/about-us/our-department/right-information/information-privacy>) and in our [Privacy Policy](https://www.families.qld.gov.au/_media/documents/about-us/right-to-information/information-privacy/privacy-policy.pdf) (https://www.families.qld.gov.au/_media/documents/about-us/right-to-information/information-privacy/privacy-policy.pdf).

The department's Privacy Policy contains information about:

- how you can access your personal information held by the department
- how you can seek correction of your personal information if it is inaccurate, out of date, incomplete, irrelevant or misleading, and
- how you can complain about a breach of the QPPs and how the department will deal with the complaint.

If you would like to discuss how the department handles your personal information, please contact the Assessment Referral Team on ART.Enquiries@families.qld.gov.au or the Information Privacy team on privacy@families.qld.gov.au or (07) 3097 5609.