



National Disability  
Insurance Agency

Request For Service -  
Support Coordination

## REQUEST FOR SERVICE Coordination of Supports

This proforma is to be used as a referral or 'service booking' to ensure a support coordinator can be linked to a participant and receive immediate support to implement their NDIS Plan.

**The National Disability Insurance Agency (NDIA) defines coordination of supports as a capacity-building support arrangement as:**

*'Assistance to strengthen participants abilities to coordinate and implement supports and participate more fully in the community. It can include initial assistance with linking participants with the right providers to meet their needs, assistance to source providers, coordinating a range of supports both funded and mainstream and building on informal supports, resolving points of crisis, parenting training and developing participant resilience in their own network and community.'*

**The NDIA has a three-tiered approach that describe different layers of support coordination activity:**

### **Support Connection**

Time limited assistance to strengthen participant's ability to connect with informal, mainstream and funded supports, and to increase capacity to maintain support relationships, resolve service delivery issues, and participate independently in NDIA processes. Often conducted by a Local Area Coordinator where these are available.

### **Coordination of Supports**

Assistance to strengthen participant's abilities to connect to and coordinate informal, mainstream and funded supports in a complex service delivery environment. This includes resolving points of crisis, developing capacity and resilience in a participant's network and coordinating supports from a range of sources.

### **Specialist Support Coordination**

The provision of Support Coordination within a specialist framework necessitated by specific high level risks in the participant's situation. This support is time limited and focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience. It may also involve development of an intervention plan which will be put in place by disability support workers.

**The primary role of a funded coordinator of supports is to:**

- Support implementation of all supports in the plan, including informal, mainstream and community, as well as funded supports;
- Coordinate assessments, reports and service proposals;
- Capturing any required data for the Agency;
- Identify strategies and solutions for managing risks such as aging carer, sustaining informal supports, sustainability of housing
- Identify and seek relevant assessments and associated service design for participants with risk behaviours and behaviours of concern;
- Support the participant through identifying and selecting providers, monitoring plan outcomes & plan expenditure;
- Strengthen and enhance the participant's abilities to self-direct their own supports and participate in the community;
- Ensure mainstream services meet their obligations (i.e. housing, education, justice, health);
- Provide the NDIA with reports on outcomes and success indicators within the agreed reporting frequency.

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### A funded coordinator of supports is not:

- A paid advocate,
- Rostering and administration of individual supports.

### Additional Information:

- It is NDIA preference that the coordination of supports is delivered by an NDIA registered provider as this is a capacity building support.
- The Coordinator of Supports should not be the provider of any other funded supports in the plan; however, this condition may be waived in certain circumstances. The utilisation of First Plans means that the initial support coordinator may be employed by the same provider organisation as delivers other supports. Any potential conflict of interest must be managed by the provider and monitored by the NDIA.
- It is anticipated that the Support Coordinator will forward a Plan Implementation report to the NDIA within 8 weeks of the Service Request being completed and accepted.



**Booking Date:**

**Participant Details:**

Name:			
NDIA #			
Plan Start Date:			
DOB:		Gender:	
Address:		State:	
Email Address:		Phone:	

**Preferred Contact Details (if required):**

Preferred contact may include current support worker/family member or other:	
Name:	
Relationship to participant:	
Address:	
Contact phone number:	
Email Address:	
Special Considerations:	

**Requested Support Coordinator Details:**

Service provider name:			
Contact name:			
Address:		State:	
Email Address:		Phone:	
Is this a new or existing support coordination arrangement?	<input type="checkbox"/> Existing // <input checked="" type="checkbox"/> New		

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**Monitoring and Reporting:**

<b>Level of Support Required:</b>	
<b>Hours funded in current plan period:</b>	
<b>Frequency of Reporting on progress of Participant Plan:</b>	
<b>Date of Agreed Service Commencement:</b>	
<b>Hours used (total)</b>	

**Details to support Participant Plan Implementation:**

<b>What are the participant's NDIS goals for this plan period? (As per NDIS Plan Goals)</b>	
<b>What support is required to assist the participant achieve their goals?</b>	
<b>What are the current barriers that are preventing the participant from achieving their goals?</b>	

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<p><b>What areas of the Participant's current situation require attention? (not listed as goals i.e. lack of informal supports, aging carer, risk issues)</b></p>	
<p><b>What are the immediate specialist assessments the participant requires connection with? (list)</b></p>	
<p><b>Identified Provider connection/s required? (list current or new provider or service type the participant must be connected with)</b></p>	
<p><b>Service Agreements and Bookings to be established? (list)</b></p>	
<p><b>Identified Mainstream Support Connections Required:</b></p>	
<p><b>identified Community Support Connections Required:</b></p>	
<p><b>Other identified support connections required including working towards a specific goal for second plan:</b></p>	

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**NDIA contact details\*:**

Contact person and position:	
Contact phone number:	
Contact email:	
Referral completed by:	

\*Enquiries and reporting documents to be sent to the above contact person