

# Brightwater Supported Independent Living Referral Form

Surname:

UR Number:

Given Names:

Does client have confirmed diagnosis of:

Date of Birth:

Huntingtons Disease

Gender:

Acquired Brain Injury

Younger Onset Dementia

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Does client have additional diagnosis? Please provide details:

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Brightwater does not currently provide SIL supports for people with intellectual disability or autism.

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## Client Information

Current Address:

Contact Number:

Email Address:

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## Referring Person/Organisation Details

Contact Name:

Organisation Name:

Contact Number:

Email Address:

## Client Funding

NDIS Funded:

NDIS Number:

Is SIL funding included in current plan?

**If Yes** - Please attach copy of current NDIS Plan or section stating SIL funding details.

**If No** - Has a request for SIL funding been submitted to NDIA Home and Living Team for Assessment?

Other funding:

Please provide details below.

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Reason for Referral:

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Please attach the following documents, these are required to progress the referral:



Copy of completed NDIS Home and Living supporting evidence form.



Medical report or letter confirming diagnosis.

To assist staff to review and assess client suitability for SIL services, please attach the following documents:



Evidence of funding (Copy of NDIS Plan or section confirming funding allocation for daily supports, or evidence of other funding source e.g. Insurance Commission WA or Private Trust).



Additional reports (Functional Capacity Assessment, and/or Hospital Discharge reports) that may assist us to understand the client's eligibility for Brightwater SIL, and their care and support requirements.