



ecm

EDUCATIONAL CASE MANAGEMENT
CLINICAL ALLIED HEALTH SERVICES

✉ info@ecmonhudson.com

☎ 02 4969 8060

🖱 www.ecmonhudson.com

INDIVIDUAL & COMMUNITY GROUP PROGRAM IN-CLINIC AND NON-CLINIC BASED APPLICATION FORM

Client Full Name:

Date of Birth:

Today's Date:

Primary Contact Details

Primary Contact Name:

Relationship to Child:

Primary Contact No:

Emergency Contact No:

Email address:

Residential Address:

Preferred method of contact:

Email

Phone Call

Text message

Medical Information

If your child has any medical conditions, diagnosis or first aid requirement please describe below:

Does your child experience seizures?

Yes

No

Does your child have any allergies? If yes, please describe below

Yes

No

Allergy 1

Reaction

Treatment

Allergy 2

Reaction

Treatment

Allergy 3

Reaction

Treatment



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Please list any medications your child is currently taking

Medication

Time taken

Dose

Medication

Time taken

Dose

Medication

Time taken

Dose

Medication

Time taken

Dose

Medication

Time taken

Dose

Does your child have any dietary needs, restrictions, or preferences that we need to be aware of?
If yes, please describe

Yes

No

About Your Child

What are your child's current interests and strengths?

What does your child hope to gain from the group?

Does your child require any support with communication?

Does your child have a tendency to become anxious, aggressive or run away?



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Is there anything else we need to know?

Does the clinician need to implement certain provisions to accommodate the client's needs?

Is there any information concerning the physical (and other) limitations of the client relevant to using the facilities required for this program /activity ?

Payment details

NDIS Agency Managed

NDIS Self Managed

NDIS Plan Managed

Privately Paid

Participation in Group programs or Individualized Therapy Intensive programs requires a commitment from the client due to the intensive planning, staffing allocation, purchase of materials, and resources required to ensure a quality service. Once the client / child has been accepted into the program your commitment to the program has begun. As a courtesy between families and ECM, as well as for clarity regarding financial commitment for families, please tick that you agree to the following:

I understand that payment on the day of the service is required

I understand that the payment is non-refundable

NDIS Requirements

1. Early Intervention Supports for Early Childhood may include 1:1 support and charged accordingly
2. Participants can exit from a program without cost, subject to a notice period of two (2) weeks
3. When participant stops attending without notice, Provider can continue to claim for a period of 4 weeks from the time participant stopped attending (unplanned exit)
4. Weekly invoices will include both face to face and non-face to face charge (clinical preparation) each week and charged on the day of service provided
5. Accounts are to be finalized on the day for self-managed



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PROGRAM Details

Name of Group Program

Name of Community Facility

(pool, park, shops, gym, beach, cafe)

Clinician Responsible for the Program

Clinician Responsible for the Program

Intended Outcomes

Refer to Manual

Duration of the Program (weeks)

Weekly Average Cost-consistent of NDIS Group Pricing **Face to face** \$

Weekly Average Cost-consistent of NDIS Group Pricing **Non-Face to face** \$

Has a Manual been provided to you by the clinician ?	Yes	No
Have you signed a Disclaimer, Waiver, Indemnity ?	Yes	No
Do you have a copy of the Community Access Risk Assessment completed by Clinician (if applicable)	Yes	No
To your knowledge has there been an assessment of the facility prior to the commencement of the program (if applicable)	Yes	No
Have you signed an Informed Consent and Service Agreement ?	Yes	No

It is a requirement that Parents, carers, guardians and Support Workers stay within the program vicinity and is available if required.

I consent to entering into an agreement with ECM to provide the program as stated above

Name:

Date:

Signature: