

# Assessment and Referral Team (ART) Referral Form

ART is assisting at-risk children and young people, aged 7-25, to join the National Disability Insurance Scheme (NDIS). Please complete this referral and submit via email. An ART representative will contact the young person or their decision maker to discuss the referral in further detail.

## Who needs help to access the NDIS?

**Full Name:**

**Date of birth:**

**Preferred Name:**

**Gender identity**

**Address:**

**Phone number:**

**Are language interpreting services required? (please specify)**

**Primary disability:**

**Other disabilities/impairments:**

**Do any of the following apply to the child or young person?**

- they identify as Aboriginal and/or Torres Strait Islander
- they identify as culturally and linguistically diverse
- they identify as LGBTQIA+
- they are engaged with, at risk of engaging with, or transitioning from the Justice or Child Safety systems
- they are disengaging from education or transitioning from school
- they experience, or are at-risk of experiencing domestic and family violence, homelessness, social isolation and/or harm
- they have caring responsibilities
- they live in a regional and remote area.

**Details of the formal or informal decision maker, or other contact or representative for the person listed above (if applicable)**

**Name:**

**Date of birth:**

**Address:**

**Phone number:**

**Email:**

**Relationship to person:**

## Your details if making a referral for someone you know

Date of referral:

Referred by (Name):

Position:

Organisation (if applicable):

Phone number:

Address:

Email:

## Additional Information

Please provide other background details if required, or details relevant to eligibility for the NDIS and current situation.

**Does the person and/or their decision maker provide verbal consent to submit this referral to ART on their behalf?**

Yes

No Comment

### Information Privacy

We are committed to protecting the privacy, confidentiality, security, accuracy and integrity of the personal information that we collect, use, and disclose when we deliver government services and conduct government business. We will manage your personal information in line with the [Information Privacy Act 2009](#).

Please email this form to: [ARTReferrals@dsdsatsip.qld.gov.au](mailto:ARTReferrals@dsdsatsip.qld.gov.au)

The young person or their decision-maker will be contacted within 10 working days.