



Referral and Service Agreement Form

REFERRING PERSON'S DETAILS			
Referring person:		Agency name:	
Ph:	Mob:	Email:	
Date of referral:		How did you hear about Meraki:	
Are any other services involved? If so, please provide contact details:			
Service name:	Contact person:	Ph:	
Service name:	Contact person:	Ph:	
Service name:	Contact person:	Ph:	
TYPES OF SUPPORT			
<input type="checkbox"/> Innovative Community Participation (inc. Mental Health support) <input type="checkbox"/> In-Home/Respite <input type="checkbox"/> Transport			
Preferred start date of support/s:			
Day of the week for support/s:			
Time/s of support/s:			
PARTICIPANT DETAILS			
Name/s: • •	D.O.B (DD/MM/YY) • •	Age: • •	Gender: • •
Residential address:	Ph:	Mob:	
Ethnicity:	ATSI: Y/N		
Mothers/carers name:	Fathers/carers name:		
Allergies:	Medication:		
Mental Health Issues:	Behaviour concerns/risks:		
Disability type: Mild / Moderate/ Severe / Unknown <input type="checkbox"/> Intellectual <input type="checkbox"/> Vision <input type="checkbox"/> Autism <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Other: _____	Special requirements:		
Criminal History:	AOD:		
What would you like Meraki Foundation to address during service provision: (i.e. motivation to engage in education, develop social skills, increase impulse control/ consequential thinking skills, participate in pro-social leisure activities etc) <ul style="list-style-type: none"> • • • • 			
Additional Information: <ul style="list-style-type: none"> • • • 			



Referral and Service Agreement Form

Terms of Agreement

- Meraki Foundation will provide referring agency with progress notes at the completion of each mentoring session.
- Ongoing consultation will be made with the referring agency to ensure outcomes are met.
- Meraki Foundation adheres to strict WH&S policies and procedures and will ensure the young person wears a seat belt at all times when being transported.
- The base service fee is invoiced accordingly. Additional fees apply after 5 hours and public holidays, unless otherwise negotiated.
- Accounts are invoiced at the completion of each mentoring session. As Meraki Foundation is considered a small business, payment is required within 30 days of receipt of invoice.
- 24 hours notice is required for any cancellation of services. Any cancellations within this timeframe will be invoiced at the full amount quoted.
- Either party may terminate service agreement with 7 days written notice.
- Any part of this service may be altered by mutual agreement between referral agency and MERAKI Foundation.

Signature/ initials of
person referring:

Date:

Name of Meraki staff:

Date: