ENDLESS SUPPORT SERVICES

Child & Young Person | Quick Referral

Short on time? Complete the essential information below and a member of our team will contact you at a time that suits you to complete the referral process.

1 | Child or young person

First name

Last name

Date of birth (DD/MM/YYYY)

Suburb / location

Diagnosed or suspected disability / relevant support needs

Aboriginal and/or Torres Strait Islander identification

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander
- ☐ Neither Aboriginal nor Torres Strait Islander
- ☐ Prefer not to say

Is an interpreter required?

- ☐ Yes
- ☐ No
- ☐ Unknown

2 | Referrer details

Referrer first name

Referrer last name

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Relationship to child or young person

Phone number

Email address

Preferred time for ESS to call

- [ ] Weekday morning (9 am - 12 pm)
- [ ] Weekday afternoon (12 pm - 3 pm)
- [ ] Weekday late afternoon (3 pm - 5 pm)
- [ ] Anytime during business hours
- [ ] Other / please specify

Other preferred day, time or contact arrangements (optional)

3 | Requested supports

Which ESS services are you requesting? (Select all that apply)

- [ ] Personal Care & Daily Living Support
- [ ] Independent Living & Life Skills Development
- [ ] Accommodation & Tenancy Support
- [ ] Transition to Adulthood & Independent Living
- [ ] Community Access & Social Participation
- [ ] Social Skills & Relationship Development
- [ ] Travel & Transport Assistance
- [ ] Household Tasks & Domestic Assistance
- [ ] Supported Living & In-Home Assistance
- [ ] Complex Disability & Behavioural Support Needs
- [ ] Not sure - please contact me

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Brief description of support needs

Preferred start date (if known)

Is this referral urgent?

- [ ] Yes
- [ ] No

If urgent, briefly explain why (optional)

4 | Funding

Does the child or young person have an NDIS plan?

- [ ] Yes
- [ ] No
- [ ] Application pending
- [ ] Unknown

Is funding available for the requested supports?

- [ ] Yes - NDIS funding available
- [ ] Yes - Child Safety / other agency
- [ ] Funding approval pending
- [ ] No funding available
- [ ] Unsure / to be confirmed

5 | Final details and declaration

Anything ESS should know before contacting you? (optional)

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I confirm I have consent or other lawful authority to share this referral information with ESS.

☐ I confirm

I understand ESS will review this referral before confirming service availability.

☐ I acknowledge

Returning your completed form

Save your completed PDF and send it to admin@endlessupportservices.com.au using an approved secure email or document-transfer method. Please do not send sensitive child protection or medical information over an unsecured channel. For help arranging secure transfer, contact ESS before sending.

ESS will review the referral and contact the referrer to discuss suitability, funding, consent and next steps. Submission does not guarantee service acceptance.