

Please complete the information below to help with transition into the R&Os services.

Full name	
I like to be called	
Date of birth	
Address	
School & Grade	
Parent 1 / Legal guardian (Full names)  D.O.B  Phone	
Parent 2 / Legal guardian (Full names)  D.O.B  Phone	
Person responsible for account and correspondence.	
Email for all correspondence and accounts to go to.	
Other family members / pets	

**Please ensure all correspondence information is kept updated.**

Developmental History.

Please answer yes or no to the following, if yes provide necessary details:

Communication (verbal / non-verbal, podd book, communication device, sign language)	
Is your child familiar with particular words / phrases?	
Is your child an auditory seeker / avoider?	
Vision (Glasses or contacts)	
What are your child's toileting requirements?	
Does your child require any assistance with eating or drinking?	
Does your child like sensory play?	
Can your child mobilise themselves? (mobility aids)	
Are hoists and slings used (if yes please indicate if you can send these to care)	
Sleeping habits	

Background Information.

Goals (as indicated in your NDIS plan where possible- or attach a copy for our reference)	
Interests	
Fears	
Strengths	
Challenges	
Strategies / Language used	
Common behaviours	
Triggers for meltdowns	
Things that help when distressed	

Health requirements.

Please answer yes or no to the following, if yes provide necessary details:

	YES / NO	DETAILS if YES (please attach any additional information)
Allergies / Sensitivities (food and non-food)		
Dietary Requirements		
Asthma or Breathing Issues		
Regular Medication		
Anaphylaxis / EpiPen / Anapen		
Gastrostomy / NG Feeding Tube		
Epilepsy / Seizures (when was the last seizure)		
Significant illness or infections (approximate dates)		
List of surgeries or hospitalisations (approximate dates)		
Emergency Management Plan		

Health / Behavioural assistance requirements

	YES / NO	DETAILS if YES (please attach any additional information)
Urinary Catheters		
Subcutaneous Injections		
Complex Bowel Care		
Tracheostomy Care		
Wound Care		
Stoma Care		
High Risk Medication		
Suctioning		
High Risk Swallowing Dysphagia Management		
Oxygen		
Positive Behaviour Support Plan		

Health requirements

Diagnosis: ...

.....  
.....

Additional Health Details: .....

.....  
.....

Care Team Contact Details (OT, Speech Pathologist, Behaviour Specialist etc.):

.....  
.....

Parent / legal guardian consent

Allowed Sunscreen

Yes

No

Allowed Photos

Yes (Social Media)

Yes (Xplor)

No

Outings / Excursions

Yes

No

Parent / Legal Guardian Signature: ..... Date:

I agree to sharing information and documentation previously provided to my child's School and/or Ruby & Ollie's All Abilities Childcare. We understand that this means that my/our child's documentary evidence will be disclosed and transferred between services to support with their ongoing care and support needs.

Yes

No

Parent / Legal Guardian Signature: ..... Date:

Please complete the below enrolment details.

<p><u>Please note:</u> For all School Based OSHC programs: CCS is available for eligible families. For direct support within the home, community, Alexandra Hills Hub or Early Years, NDIS may be applicable.</p> <p>Please advise whether you will be using NDIS or CCS for bookings.</p>		<input type="checkbox"/> CCS <input type="checkbox"/> NDIS
<p>To ensure accurate billing and alignment with your child's NDIS Plan, please review the line-item options below and indicate which one (s) correspond with the type of support your child will be receiving. These must align with your child's stated NDIS goals.</p> <p>If you are unsure, please consult your LAC, Support Coordinator, NDIS Planner, or Plan Manager. We rely on their expertise to ensure correct billing and take no responsibility for incorrect coding due to mis-selection.</p> <p>However, the account holder is ultimately responsible for ensuring the account is kept within terms.</p>		
NDIS	PLAN MANAGED	SELF MANAGED
NDIS Participate Number		
NDIS plan start / finish dates		
<p><b>CORE</b></p> <p>This support category relates to assisting with or supervising a participant to engage in community, social, recreational or economic activities. These supports can be provided in a range of environments, such as in the community or a centre.</p>		
<input type="checkbox"/> 01_011_0107_1_1 – Assistance with Self-Care		
<input type="checkbox"/> 04_210_0125_6_1 – Community, Social & Recreational Activities		
<input type="checkbox"/> 04_102_0136_6_1 – Social & Community Participation		
<p><b>Please note:</b> The line items listed above and below refer to the <b>**standard daytime rate**</b> (weekdays between 6:00am and 8:00pm). If you are seeking support outside these hours, including evenings, weekends, or public holidays, the relevant support item will remain the same, but the line item code will reflect the applicable time category and pricing, and this will be clearly noted on your invoices.</p>		

**Capacity Building**

These support items assist the development of, or increase, a participant's skills and or capacity for independence and community participation. These support items can be delivered to individual participants or to groups

15\_037\_0117\_1\_3 – Individual Skills Development & Training

15\_045\_0128\_1\_3 – Community Engagement Assistance

**⚠ Important Reminder:**

Please verify the correct code(s) with your child's NDIS team. We recommend discussing your child's current goals and needs in relation to these line items to ensure accurate invoicing and service alignment.

How did you hear about us?

- Instagram
- Facebook
- School
- Flyer / Banners
- Family / Friends
- Other – please specify: