

QF102A	INITIAL CUSTOMER CONTACT – SUPPORT COORDINATION
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DISCLAIMER (must be read to customer): Please note that all information you provide is private and confidential and is covered by our confidentiality policy. All information you supply is voluntary and you are not required to provide any information you are not comfortable providing.

Date and time of call:	
Name of person taking call:	

Referral Details (if applicable)	
DHS contact name:	
Phone number:	

Primary Contact (if applicable)			
Name:			
Relationship:			
Phone number:		Mobile number:	
Email address:			

Customer Personal Details					
Name:					
DOB:			Male		Female
Primary language:		Secondary language:			
Phone number:		Mobile number:			
Email address:					
Street Address:					
Postal Address:					

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Pets:	Yes / No	Dog / Cat / Other:	Inside / Outside
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Preferred Contact Method (please mark)							
	Email		Phone		SMS		Mail

Disability Details (if willing to disclose)	
Support Coordinator:	
Specialised Support Coordinator:	
	NDIS Funded

Accessible information requirements (mark in box)	
	Large print
	Braille
	Easy English
Other:	

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Please Provide a Summary of Services Required (Including hours per week)	
Hours of support coordination:	
Cost of support coordination:	
Types of services required:	

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Office Use:

Initial	Person Responsible	Task	Date
	SDO/Admin	Contact and assess home visit needs	
	Admin	Book in home visit or if under 10 hours, book phone meeting	
	Admin	Meeting added to CRO and Bronni outlook calendar, name, address and phone number	
	Admin	Send out paperwork to customer to look at before meeting	
	Admin	Reminder set to confirm booking day before	
	SDO	Create new customer in CiMS, assigned to potential customer (regions)	
	SDO	Place QF 102 in Initial Contact Folder	
	SDO	Follow up in one week in haven't progressed	
	Admin	If no Home Visit or Phone call required, Follow up date. Week:1	
	Admin	Follow up Week 2:	
	Admin	Follow up Week 3:	