

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

| | |
|--------------------------------------|--|
| Full name | |
| I like to be called | |
| Date of birth | |
| Parent / Legal guardian (Full names) | |
| Address | |
| School & Grade | |
| Email | |
| Phone | |
| Other family members / pets | |

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 | |
| 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 requirements continued.

| | 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 | | |

Health requirements continued.

Diagnosis:
.....
.....

Additional Health Details:
.....
.....

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

Parent / legal guardian consent

- | | | | |
|----------------------|---|--------------------------------------|-----------------------------|
| Allowed Sunscreen | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Allowed Photos | <input type="checkbox"/> Yes (Social Media) | <input type="checkbox"/> Yes (Xplor) | <input type="checkbox"/> No |
| Outings / Excursions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Parent / Legal Guardian Signature: Date:

I/we 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>Will you be using NDIS or CCS for bookings?</p> <p>(Please note that CCS cannot be used for in home bookings only in centre bookings).</p> | | |
| <p>If you answered NDIS, please indicate and best email address for contact</p> | PLAN MANAGED | SELF MANAGED |
| <p>NDIS Participate Number</p> | | |
| <p>NDIS plan start / finish dates</p> | | |
| <p>Additional Information</p> | | |

If NDIS stated above a service agreement will be provided.