

CRT PROGRAM

Community Restoration and Transitional Care Pathway Program

Introduction

The CRT program is a Community Restoration and Transitional Care Program to assist NDIS participants, who pose significant risk of homelessness and lack of care support in the community, or the participants who are risk of being placed in Aged care facilities from hospital discharges or unable to get discharge home from Hospital due to unsuitable supported accommodation.

The program is delivered by CRT Consortium, in partnership with the NDIS registered service providers who assist the participants with Specialized Disability Accommodation (SDA)

The program will be delivered by CRT program in two phases. The initial CRT program phase will have capability to support 30- 50 participants with 14 units plus 11 SDA accommodation support units. The CRT program covers the Western Sydney and South west Sydney Metro Region Participants

The CRT program is expected to enroll NDIS participants support approximately 100 -500 participants over next 12-month

CRT Program Service Model

Each participant in the CRT program will be cared in MTA transitional care unit for up to 90 days. Each participant will be allocated a case manager and assisted with lifestyle care support in the community as well allied health training and assessment includes Clinical Social worker, Occupational Therapists, speech pathologists, Behavior Therapists, mental health clinicians... with the support of specialist's support coordinator on board, participants will assist the participants Individual Support Plan and work towards achieving their lifestyle goals.

It is anticipated that support levels will vary over time as the needs of participants change.
Medium Transition Support - may include assistance to:

- Assistance with Activities of Daily Living Care
- Set up and manage a permanent accommodation transition pathway
- participate in community activities
- sustain engagement with health services
- Access employment programs
- engage in training or other work readiness activities.

The CRT program has fully furnished supported accommodation apartments specifically designed for people living with disability and eligible for short- or medium-term transition program. The NDIS recently introduce a new type of medium transitional accommodation (MTA) housing support designed 90 days funding to support NDIS participants as they prepare to move into their permanent home in general community.

Funding for Medium Term Accommodation (MTA) is available to NDIS participants who require temporary transitional housing while they wait for their permanent home to become ready or available for use. The participants who are facing lifestyle change of circumstances, where MTA might be used include:

1. Bridging accommodation for younger participants who are at risk of being admitted to aged care,
2. Or those who wish to leave aged care, while they wait for home modifications or identified specialist disability accommodation.
3. Participants who are ready to leave hospital but are waiting for disability-related home modifications to be completed on their House
4. Participants who have been found eligible for specialist disability accommodation but are waiting for a vacancy or build to be Completed.
5. Participants pose significant risk of lifestyle care support as safety and security issues due to sudden change of their lifestyle Circumstances.

The CRT program enables people with disability to live in our transition care supported accommodation while our team assisting the participants with their fundamental aspects of their lives, having choice and control over where the participants live, who they like to live with and the supports they need from.

Participants in urgent need of immediate supported accommodation hospital or aged care or in community healthcare settings are eligible for Medium Term Accommodation funding support for 90 days, we're addressing those challenges. CRT program will assist participants who are currently eligible or approved for the following funding NDIS plan support:

1. Short Term Accommodation Funding Plan **(STA)**
2. Medium Term Accommodation Funding Plan **(MTA)**
3. Supported Independent Living Funding Plan **(SIL)**
4. Specialised Disability Accommodation Plan **(SDA)**

CRT PROGRAM – HOME CARING

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Innovation Patent Award Granted for 2019-2028- IP AUSTRALIA

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CRT PROGRAM APPLICATION FORM A – 001 NDIS PARTICIPANTS ENROLLMENT FORM –CRT001 Section -1

Personal Details

Participant Name					
Mr. / Mrs. /Ms. / Dr.	First Name	Middle Name	Last Name		
NSW Hospital CRN	Centerlink Pension Disability /Senior / Other	Medicare No	NDIS Participant ID		
		Ref:			
Date of Birth	Age	Gender			
Home Address	Door No	Street Name	Suburb	State	Post Code
Landline Phone	Mobile Phone	E-Mail	Carer Mobile		

Referrer Details

Referrer Name	Referrer Contact Number	Referrer Mobile	E-Mail
Organization	Relationship	Legal-Guardian / Trustee / POA / Not Applicable	

Next of Kin Details

Name	Address	Suburb	State / Post-Code
Next of Kin Status		Mobile Phone	E-Mail
<input type="checkbox"/> Carer <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Relative <input type="checkbox"/> Friend			

Income Details

Do you receive Income?

Yes
 No
 Disability Pension
 Age Pension
 New Start
 Self Funded
 ICARE
 Other

Do you receive Centrelink rental allowance?

Yes No

Are you a NDIA participant?

Yes No

If No, then are you an eligible NDIA participant?

Yes No

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Section -2

NDIS Support Plan

Are you currently receiving NDIA Funding Support

Yes No

If Yes, then please mention, currently what type of funding support categories available below

Core Support	Short Term Accommodation	STA	<input type="checkbox"/>
	Medium Term Accommodation	MTA	<input type="checkbox"/>
	Support Independent Living	SIL	<input type="checkbox"/>
Capital Support	Specialized Disability Accommodation SDA		<input type="checkbox"/>
	Assisted Technology and Equipments	AT	<input type="checkbox"/>
	Home Modification	HM	<input type="checkbox"/>
Capacity Building	Support Coordination	SC	<input type="checkbox"/>
	Specialists Support Coordination	SSC	<input type="checkbox"/>
	Improved Daily Living	IDL	<input type="checkbox"/>
	Community Nursing	CN	<input type="checkbox"/>
NDIA Fund Management	Community Participation	CP	<input type="checkbox"/>
	Plan Management	PM	<input type="checkbox"/>
	NDIA Agencies Management	AM	<input type="checkbox"/>
	Self Management	SF	<input type="checkbox"/>

Accommodation Status

At present where do you reside now?

- | | | |
|--|---|---|
| <input type="checkbox"/> Rental Home | <input type="checkbox"/> Family Home | <input type="checkbox"/> Aged Care |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Friends Place | <input type="checkbox"/> Rehab Unit |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Homeless | <input type="checkbox"/> Crisis Shelter |
| <input type="checkbox"/> Dept of Housing | <input type="checkbox"/> Private Owned Home | |

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Activities of Daily Living Support - ADLS

Please indicate the following level of support Required

Community Transport	Taxi Voucher <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Care Support	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Domestic Support	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Shopping Support	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Medication Management	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Transport	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Mobility Support	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Social and Community Participation	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Supported Employment	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Medical & Specialists Appointment	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Meal Preparation	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Feeding Support	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Grooming Support	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Communication	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Bed to Chair Transfers	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Bed Care	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Bowel Management	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Incontinence Management	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Financial Management	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance <input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
lifestyle day to day decisions	<input type="checkbox"/> Sound Mind <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

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Medial Nursing and Allied Health (MDT) Support

<p>Medical Diagnosis</p>	<p>Primary :</p>
	<p>Secondary :</p>
<p>Co-morbid Condition</p>	
<p>Allergies</p>	
<p>Type of Care Support</p>	<p><input type="checkbox"/> 24/7 Support Care</p> <p><input type="checkbox"/> Sleepover Night Staff</p> <p><input type="checkbox"/> Active Night Staff</p> <p><input type="checkbox"/> Drop in Support Staff</p>
<p>Please tick High Intensity Care Support needs</p>	<p><input type="checkbox"/> Tracheotomy Care</p> <p><input type="checkbox"/> Diabetic Care Management</p> <p><input type="checkbox"/> Stoma Care Management</p> <p><input type="checkbox"/> Wound Care Management</p> <p><input type="checkbox"/> Dementia Care</p> <p><input type="checkbox"/> Peg Feed</p> <p><input type="checkbox"/> Bowl Management Care</p> <p><input type="checkbox"/> Medication Management Care</p> <p><input type="checkbox"/> Pressure Area Care Management</p> <p><input type="checkbox"/> Urinary Cather Management <input type="checkbox"/> IDC <input type="checkbox"/> SPC</p> <p><input type="checkbox"/> Respiratory Care</p> <p><input type="checkbox"/> Renal Dialysis</p> <p><input type="checkbox"/> Cardiac Care Management</p> <p><input type="checkbox"/> Weight Loss Management – Obesity Care</p> <p><input type="checkbox"/> Behavior Management Care</p> <p><input type="checkbox"/> Psycho Social Care</p> <p><input type="checkbox"/> Palliative Care Management</p> <p><input type="checkbox"/> Neurological Care</p> <p><input type="checkbox"/> Brain Injury Care Spinal Injury Care</p> <p><input type="checkbox"/> Multiple Sclerosis</p> <p><input type="checkbox"/> Any Other :</p>

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Assisted Technology & Consumables

Monkey Bar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Sliding Table	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Bedside Table	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Electric height Adjustment Table	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Automatic Door Opening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Respiratory Equipments	<input type="checkbox"/> CPAP	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen
Telehealth Device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Self Dispensing Medication Device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Special Gown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Personal Protective Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Communication Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Telehealth System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Urgent/Vital Call System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Software Application Assistance Lifestyle Capacity Building	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Bedai Toilet Assistance System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable (NA)
Bed Care	<input type="checkbox"/> Independent	<input type="checkbox"/> Assistance	<input type="checkbox"/> Supervision <input type="checkbox"/> Dependent
Bowel Management	<input type="checkbox"/> Bed Pan	<input type="checkbox"/> Commode Chair	<input type="checkbox"/> Bariatric Commode <input type="checkbox"/> NA
Incontinence Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Lifestyle Skill Development Education Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Air Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

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Lifestyle Choices & Preferences

Location Specific	Preference =1 LGA Preference =2 LGA Preference =3LGA
Cultural Specific	
Gender Specific	
Aged Specific	
Religion	
Do you need Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No if Yes
What language you speak at Home	
English Language	Can't Speak <input type="checkbox"/> Can't Understand <input type="checkbox"/> Manage <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>
Are You Aboriginal and Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff Care to Participants Ratio	<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 2:1 <input type="checkbox"/> 2:2 <input type="checkbox"/> 3:2
CLINICIAN / SUPPORT COORDINTOR./ CARER / PARTICIPANTS	
Participants Consent Obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbal Consent <input type="checkbox"/> Written Consent
Referrer Name	
Position	
Contact Number	
Email Address	
Organization Name	
Relationship	
Signature	
Attachment	
	1.NDIA PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No
	2.Clinical Care Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Hospital Discharge Report <input type="checkbox"/> Yes <input type="checkbox"/> No
	4.Other Document

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