

## **PODD Book Request Form**

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If you require assistance choosing a PODD book that is right for your child / customers' needs do not continue with this form and call 9381 0600 to speak with our team.

Person Completing this Form					
Name:	Relationship to Client:				
Contact Number:	Email:				
Customer Information					
Name:	DOB: Gender:				
Address:					
Contact Number:	Email:				
NDIS Information					
(If you will be paying privately do n	ot fill in this section)				
NDIS Number:	Plan Start Date: Start date. End Date: End date.				
Funding Type: Self-Managed □	NDIS Managed □ Plan Managed □				
NDIS Goals:					
Primary Therapist					
Name:	Organisation:				
Contact Number:	Email:				

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## **PODD Required**

Direct Access:				
1 page opening	2-page opening			
☐ 9 per page early functions	☐ 40 key word			
☐ 9 per paage expanded function	☐ 48 expanded key word with side panel			
☐ 12 per page early functions	☐ 70 expanded key word			
☐ 12 per page expanded functions	☐ 100 plus complex syntax			
☐ 16 per page expanded functions	☐ 36 key word with side panel			
☐ 20 per page expanded functions	$\square$ 90 plus complex syntax with side panel			
Alternative Access:				
1 page opening	2-page opening			
☐ 9 per page early functions	☐ 36 cells key word			
☐ 9 per page expanded function	☐ 40 cells key word			
☐ 12 per page early functions	☐ 48 cells key word			
☐ 12 per page expanded functions	☐ 64 cells expanded key word			
☐ 16 per page combination	☐ 80 cells expanded key word			
☐ 20 per page expanded functions	☐ 100 plus expanded key word			
Eye Gaze:				
☐ 9 per page direct early function	☐ 16 per page combination access			
☐ 9 per page direct expanded function				
Coded Access:				
Colour coded access	Full coded access			
☐ 40 key word	☐ 80 word expanded key word			
<ul><li>□ 48 key word</li><li>□ 64 expanded key word</li></ul>	☐ 100+ complex syntax			

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tomisations:		
	Customising your PODD book is recommended, as it allows the individual to use specific vocabulary that is important to their lives. This is best practice and will aid implementation and success.	
	☐ No customisations required.	
	☐ I have a template with customisations already completed.	
	☐ I need standard customisations (e.g., specific people, places, activities, words added to pages that already exist in the template) - see attached list of customisations	
	☐ I need non-standard customisations (e.g., additional pages, changes to pathways)	
	□ I need complex changes made (high contrast)	
Please complete the attached personal vocabulary sheet and return with this document for quoting.		
	Book Knowledge	
In order for us to deliver a service which meets expectations, it is important for individuals be familiar with the products they are requesting.		
	Please select what describes you best from the list below:	
	☐ I have provided a template for printing	
	□ I am familiar with/or have used the type of PODD book I am requesting	
	☐ I have used PODD books before but not the type of book I am requesting.	
	□ I have not seen and/or used PODD books before	
	☐ Something else: (please describe)	

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## **PODD Book Request Form**

Materials will be claimed from your NDIS consumables budget as opposed to the therapy time that is used to construct the book.

	Paper Type:		
	☐ Monsoon Weatherproof Paper (2-page opening PODDs are not offered in monsoon)		
	☐ Waterproof Paper (2-page opening PODDs are not offered in monsoon)		
	□ Matte Laminate:		
	*All books come with laminate on key pages. – requests can be made for additional pages laminated if required*		
	Binding:		
	□ Cable Ties (\$1.00)		
	☐ Spiral Binding (\$5.00)		
	Strap:		
	□ Novita Tech PODD strap (ordered through Indigo and pre-set up on the PODD)		
Con	sent:		
	Do you give consent to Indigo recording your information?   YES   NO		
	Do you give consent to Indigo to liaise with your primary therapist? $\square$ YES $\square$ NO		
	I understand that I can withdraw my consent at any time, however I understand that this could impact my service delivery $\hfill\Box$		
	Full Name: Date: Date signed.		
	V		
	X		

Please send your completed form to: help@indigosolutions.org.au

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