



ABN 86 621 430 073

Registered NDIS Provider no. 4050045587 & Registered Building Practitioner BP100270

GGP HOME MODIFICATIONS REFERRAL FORM

In confidence, when completed.

Referrer Details:

Name:		Organisation:	
Phone:		Role:	
Email:			

GGP quotes all home modification works individually. If necessary a representative will attend the home to visually inspect, discuss with stakeholders and check measurements to provide a comprehensive quote.

Client Details:

Name:	
Address:	
Contact Number:	
Email Address:	
Contact Name and relationship to the Client (if not the Client):	

Payments:

Who is responsible for paying invoices related to this service?	
Provider name:	
Email address:	
or <input type="checkbox"/> NDIA <input type="checkbox"/> Self-Managed <input type="checkbox"/> Registered Plan Management Provider	
NDIS Number:	
Date of Birth:	
If self-managed or plan managed please provide an email address for invoices:	

Please indicate in the Home Modifications/s Required section on the next page if you require separate quotes. For example: Quote 1 - list items and Quote 2 – list items.



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Home Modifications/s Required:

[Please attach photos or an OT Report as either a jpeg, or pdf to your email, do not add the photos to this form]

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