



Emi's Cleaning Services
Sydenham VIC 3037 · Servicing all of Melbourne
0481 545 781
e.markova1975@gmail.com
www.emicleaning.com.au

NDIS HOUSEHOLD CLEANING

Participant Referral Form

Fill in this form to refer an NDIS participant to Emi's Cleaning Services for household cleaning. We work with **self-managed and plan-managed** participants across Melbourne. We can't take NDIA-managed (agency-managed) referrals.

HOW TO SEND IT

Email the completed form to
e.markova1975@gmail.com.

Or call Emiliya on **0481 545 781** to go through it by phone.

WHAT HAPPENS NEXT

1. We review the referral and call the participant or their contact.
2. We confirm the cleaner, start date and schedule in writing.
3. The first visit starts with a short walk-through of the home.
4. We invoice after each visit, quoting the NDIS number and support item.

Referrer details

Referrer name

Role

e.g. Support Coordinator

Organisation

Phone

Email

Date of referral

Has the participant agreed to this referral?

☐ Yes ☐ No

Participant details

Full name

Preferred name

Date of birth

Service address

where the cleaning happens

Phone

Email

Best way to contact

☐ Phone ☐ SMS ☐ Email ☐ Through referrer

Contact person, if not the participant

name, relationship, phone

Emergency contact

name, relationship, phone

Preferred language / interpreter needed

Communication needs

e.g. hearing, vision, cognitive

Anything that helps us support the participant well

NDIS plan and funding

Cleaning is usually funded from Core Supports, under **Assistance with Daily Life** (house cleaning and other household activities). Please check the participant's plan has funds there.

NDIS number

Plan start date

Plan end date

Plan management type

☐ Self-managed ☐ Plan-managed

Funding category for cleaning

☐ Core – Assistance with Daily Life ☐ Other: _____

Approx. funds available for cleaning (\$)

Service agreement required?

☐ Yes ☐ No

INVOICING DETAILS · PLAN-MANAGED PARTICIPANTS

Plan manager organisation

Plan manager contact name

Invoice email

Phone

Anything the plan manager needs on invoices

Cleaning requested

Tick every task the participant needs. We'll confirm the full list on the first visit.

- | | |
|--|---|
| ☐ Vacuum and mop floors | ☐ Make beds / change linen |
| ☐ Dust surfaces, shelves and skirting boards | ☐ Empty bins and take them out |
| ☐ Kitchen benches, sink and stovetop | ☐ Wipe light switches, door handles and touch points |
| ☐ Outside of appliances (microwave, fridge, oven doors) | ☐ Tidy living areas |
| ☐ Bathroom and toilet | ☐ Inside fridge or oven (extra time) |
| ☐ Shower, bath and tiles | ☐ Windows, inside (extra time) |
| ☐ Mirrors and glass surfaces | ☐ Other: _____ |

Type of clean

- ☐ Regular ☐ One-off ☐ Deep clean first, then regular

How often

- ☐ Weekly ☐ Fortnightly ☐ Every four weeks ☐ One-off

Hours per visit

minimum 3

Preferred days

Preferred times

Preferred start date

Cleaner preference

- ☐ Female ☐ Male ☐ No preference

Same cleaner each visit?

- ☐ Yes ☐ No preference

Should someone be home during the clean?

- ☐ Yes ☐ No ☐ Either

Rooms or items not to be touched

Home and safety

This helps our cleaner arrive prepared and keeps everyone safe.

Type of home

- ☐ House ☐ Unit / apartment ☐ Townhouse ☐ Other

Bedrooms and bathrooms

Stairs or lift access

Parking for the cleaner

- ☐ Driveway ☐ Street ☐ Visitor ☐ None nearby

How we get in

- ☐ Participant lets us in ☐ Key safe ☐ Support worker ☐ Other

Key safe code or access instructions

or give these by phone

Pets

type, and whether they need to be kept away

Allergies or sensitivities

fragrances, chemicals, dust

Products	☐ Use ours ☐ Use the participant's ☐ Fragrance-free only
Smoking in the home	☐ Yes ☐ No
Known risks or behaviours of concern the cleaner should know about	
Other people living at the home	
Anything else we should know	

Rates and booking

- Call **0481 545 781** for our current rates. The minimum booking is **3 hours** per visit.
- The same cleaner attends each visit wherever possible, for consistency and familiarity.
- We invoice after each visit. Invoices show the participant's name, NDIS number, date of service, hours and support item.
- Plan-managed participants: invoices go straight to the plan manager. Self-managed participants: invoices go to the participant or their nominee.
- Cancellation and rescheduling terms are set out in the service agreement we send before the first visit.

Consent and signatures

By signing, the participant (or their nominee) agrees that:

- ☐ Emi's Cleaning Services may receive the information in this form from the referrer.
- ☐ Emi's Cleaning Services may contact the participant, their contact person and their plan manager about this service.
- ☐ This information is used only to arrange and deliver cleaning services, and is kept private and secure.

	PARTICIPANT OR NOMINEE	REFERRER
Name		
Signature		
Date		

If the participant gave verbal consent instead, note it here: _____

OFFICE USE ONLY	
Date received _____	Cleaner assigned _____
First visit date _____	Service agreement sent _____
Contact made by _____	