EPSS Plan Management Referral Form

Registered NDIS Provider

Plan Management Referral Form

Use this form to refer a participant for plan management with EPSS.

This form can be completed in a few minutes. Optional sections can be skipped if the information isn't available — we'll confirm anything needed.

This form is primarily for Support Coordinators. If you are a participant, child representative, or plan nominee signing up directly, please use the Sign-Up Form instead.

Once submitted, EPSS will review the referral and contact the nominated person to confirm next steps and get things moving without delay.

Complete and email to **admin@essentialplan.com.au**. Please attach a copy of the participant's NDIS plan where possible.

Section 1 — Consent	
Has the participant consented to this referral and to their information being shared with EPSS for the purpose of setting up plan management? *A referral cannot be progressed without participant consent.*	Yes ☐ No ☐

Section 2 — Participant details			
Full Name		Date of Birth	
Email		Phone Number(s)	
Preferred Contact Method	Email ☐ Call ☐ Text ☐		
Address			
Cultural Information			
Communication Methods / Languages Spoken		Interpreter required?	Yes ☐ No ☐

Section 3 — NDIS plan information					
NDIS Number		Plan start date		Plan end date	
How is the plan managed?	Fully plan managed ☐	Partially plan managed ☐			
Is this the Participant's first plan? Yes ☐ No ☐					

Essential Plan SUPPORT SERVICES
Registered NDIS Provider

Section 4 — PACE plans

Is the participant's plan in PACE?	Yes* ☐ No ☐ Not sure ☐

If the participant's plan is in PACE, EPSS must be endorsed as both My Provider and My Plan Manager before we can access funding, submit claims, or make payments. Without endorsement, invoices cannot be processed.

***If yes — has EPSS been endorsed?**	☐ Yes – endorsement is complete	☐ Not yet – the participant or their representative will arrange this with the NDIS	☐ Not yet – please contact me to assist with this step

EPSS details for endorsement:
Business Name: *Essential Plan Support Services*
ABN: *94 638 628 574*
Provider Number: *4050064635*
Postal Address: *PO Box 85, Cannington WA 6987*
Contact the NDIS on 1800 800 110 or via the NDIS webchat to complete endorsement.

Section 5 — Plan nominee, child representative, or OPA guardian

Does the participant have a plan nominee, child representative, or guardian arrangement?	Yes* ☐ No ☐
***If yes — relationship to participant** ☐ Child representative — parent or carer of a participant under 18 ☐ NDIS plan nominee — formally appointed by the NDIA for a participant aged 18 or over ☐ OPA guardian — Office of the Public Advocate appointment	*Note: OPA guardianship carries automatic plan nominee status under the NDIS. For participants under OPA guardianship, EPSS communicates through the Support Coordinator as the primary contact. The OPA guardian does not need to be contacted directly for plan management purposes unless there is a specific requirement to do so.*

Full Name			
Email		Phone Number	

Description of arrangement *(For example: child safety order, private legal guardian, court-appointed guardian. Include any details that would help EPSS communicate appropriately with the participant and their support team.)*

Section 6 — Support Coordinator details

Name		Organisation	
Email		Phone Number	

Section 7 — Referrer details (if referrer is not the Support Coordinator)

Complete this section if the referral is being made by someone other than the participant's Support Coordinator — for example, another provider or service.

Full name		Relationship to participant	
Organisation		Email	

Essential Plan SUPPORT SERVICES

Registered NDIS Provider

Section 8 — Primary contact for onboarding			
Who should EPSS contact first to commence services?	☐ Participant	☐ Support Coordinator	☐ Plan nominee / child representative

Section 9 — Current providers (optional)			
Name		Relationship with participant	
Organisation		Phone Number	
Email Address			
Name		Relationship with participant	
Organisation		Phone Number	
Email Address			

Section 10 — Additional information (optional)
Only include information relevant to invoice processing, communication, or risks that may affect service delivery. This section is optional — the referral can proceed without it. (Current diagnosis or disability, behaviours of concern, risks or considerations, communication needs).
Other details

Section 11 — Urgency and expected start date			
When is plan management required to commence?	☐ Urgent — please contact us as soon as the referral is received	☐ Within 1 week	☐ Flexible — no specific start date required
Expected start date (if known)			

Section 12 — What happens next
Once we receive this referral, we'll review the details and contact the nominated person to confirm next steps and get things moving without delay. *If the participant's plan is in PACE and endorsement hasn't been completed, we'll let you know what's needed before invoices can be processed.* *If you have any questions in the meantime, contact us on 0474 329 544 or at* admin@essentialplan.com.au.

Submission

Email completed form to admin@essentialplan.com.au