

Non-electronic Communication Aid Scheme (NECAS)

Service Request Form

Instructions

- Complete all parts of this form. Please give us as much information as you can.
- If you are completing this form for the person, you must know the person and their communication needs well, eg. a speech pathologist, support worker, friend or family member.
- If you need more information about how to design a communication aid please see “How to design a communication aid - Handout” on www.scopevic.org.au .

What is funded?

Individualised communication aids that fit under the following categories are funded under NECAS:

- Communication aids which assist a person express themselves eg, alphabet boards, communication books
- Specific communication aids eg. community request cards
- Visual communication supports which assist a person to understand or remember eg. timetables, social stories
- Supports for communication partners eg. book about me

Who can get a non-electronic communication aid?

Adults who:

- are 18 years old or over
- live in Victoria
- cannot speak at all or people find it difficult to understand your speech
- have a Medicare Card
- are eligible for services under the Disability Act (2006)

Who can not get a communication aid?

- People who do not have complex communication needs
- Pre-school and school aged children
- People who get support from the Department of Veterans’ Affairs (DVA) or the Transport Accident Commission (TAC)






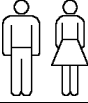



Please note:





- Complete all parts of this form
- If you need the communication aid translated into another language, please write this on the form and we will contact you to discuss further
- If you believe your application should be considered as a priority, please contact NECAS on (03) 9843 2000

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|---|---------------|
|  | Today’s date? |
|---|---------------|

**Information about you
(Person with communication difficulties).**

| | |
|---|-------|
|  | Name: |
|---|-------|

| | |
|---|---|
|  Address:  Postcode: | |
|  Telephone: | |
|  Date of birth: | |
|  Age: | |
|  Sex: | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
|  Primary Diagnosis: (list 1-2 only) | |
|  Who can support you with the use of your communication aid? | |
|  Do you currently have access to a speech pathologist? Who? | YES <input type="checkbox"/> NO <input type="checkbox"/> _____ |

| Information about the things that you do. | |
|--|--|
|  Can you walk? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  Do you have a vision impairment? | YES <input type="checkbox"/> NO <input type="checkbox"/> Please describe: |
|  Do you have a hearing impairment? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|  Can you speak? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| <p>Which of the following communication stages best describes your communication skills: <i>(only tick these if communication partners have observed you doing these)</i></p> <p>Tick √</p> |
| <p>Unintentional communication – this means that you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> React to familiar people, objects or events <input type="checkbox"/> Are aware of familiar routines eg. Moves a body part to assist with dressing <input type="checkbox"/> Need others to interpret what my communication means <input type="checkbox"/> Are unable to speak, sign or recognise pictures for communication |
| <p>Intentional Informal communication – this means that you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understand that other people can be used to meet my needs and wants <input type="checkbox"/> Use some simple gestures such as pointing, showing or giving <input type="checkbox"/> Respond to simple spoken or signed requests such as give me, sit down <input type="checkbox"/> Can choose between preferred 2-4 objects when they are presented <input type="checkbox"/> Are not able to recognise photos, pictures, line drawings or print |
| <p>Symbolic Basic communication – this means that you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understand simple sentences <input type="checkbox"/> Follow simple one-step directions <input type="checkbox"/> Use approximately five single words, signs or gestures for basic communication <input type="checkbox"/> Relate some photographs/pictures to real objects or people <input type="checkbox"/> Can imitate or attempt to imitate most words and gestures |
| <p>Symbolic Established communication – this means that you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Can communicate using about 50 single words, signs or pictures <input type="checkbox"/> May use photos/pictures/signs to initiate and make choices <input type="checkbox"/> Are able to think through a solution to a simple problem <input type="checkbox"/> Responds to simple two-step instructions out of your routine <input type="checkbox"/> Understand simple conversation |
| <p>Linguistic/Competent communication – this means that you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have a range of ways to communicate including some speech, signs and gestures, pointing to pictures etc <input type="checkbox"/> Can spell or attempt to spell words <input type="checkbox"/> Have a consistent yes/no response to conversational speech |








| Your Request | |
|--|--|
| <p>What communication aid do you want?</p> | <p><i>For example, communication book, all about me book</i></p> |
| <p>Do you currently have a communication aid?</p> <p><i>Please note: this information is for our data collection purposes only. The answer to this question will not affect the outcome of your service request.</i></p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, is this a request for:</p> <p><input type="checkbox"/> A replacement or update of an existing communication aid (please provide a disk or photocopy if available).</p> <p><input type="checkbox"/> An additional back-up system to an existing communication aid eg. To use in other environments or when the existing system cannot be used.</p> |
| <p>How will this communication aid assist you?</p> | |
| <p>How will you point to items on the communication aid?</p> | <p>Finger <input type="checkbox"/> Whole hand or fist <input type="checkbox"/></p> <p>Head Pointer <input type="checkbox"/> Eye Pointing <input type="checkbox"/></p> <p>Other _____</p> <p>Scanning <input type="checkbox"/></p> |
| <p>How do you want the information represented?</p> <p><i>(You may tick more than one box)</i></p> | <p>Written word <input type="checkbox"/> Pictographs eg. PCS (Boardmaker) <input type="checkbox"/></p> <p>Photos <input type="checkbox"/></p> <p><i>(We prefer photos to be sent to us in an electronic format ie on disk or via email. Please tell us where you want the photos and label the photos, e.g. name or a caption)</i></p> <p>Other (please specify) _____</p> |

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| <p>What size do you want the aid?</p> <p><i>Remember to think about what you can see and how you can access the aid.</i></p> | <p>A5 (15x21cm) <input type="checkbox"/></p> <p>A4 (21x30cm) <input type="checkbox"/></p> <p>A3 (42x60cm) <input type="checkbox"/></p> <p>Card (5.5x8.5cm) <input type="checkbox"/></p> <p>Other (please specify cm) _____</p> |
| <p>What size do you want the text to be?</p> <p>Make sure it will fit!</p> | |

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| <p>Describe/design the communication aid you want.</p> | <p>Please include</p> <ul style="list-style-type: none"> • what the aid looks like • what words/phrases you want on the communication aid • details about layout, colour, page tabs, contents page, etc <p>It may be useful to draw a rough sketch of how you want the communication aid to look.</p> |
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Describe/design the communication aid you want. (continued)

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| What instructions for use do you want on the aid? | <i>This may be important to help communication partners know how to use the communication aid.</i> |
| Do you want your photo on the aid? | YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where _____ <i>Please make sure you send any photos with your request.</i> |
| What name and contact details do you want on your communication aid? | Name _____ Contact details _____ |
| Do you want a draft sent? | YES <input type="checkbox"/> (Provide write email details below) NO <input type="checkbox"/> <i>This will be sent electronically to the person filling in this form unless otherwise specified.</i> |
| Who do you want the final product sent to? | You <input type="checkbox"/> (client) Person filling out this form <input type="checkbox"/> |

| Information about the person filling in this form. | |
|---|--|
|  Name and relationship to Client: | |
|  Organisation: | |
|  Address of organisation: Postcode: | |
|   Telephone number (s): | |
|  Fax: | |
|  Email: | |

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| Have you discussed this communication aid with the person? | |
|--|--|

Consent:

I am interested in participating in activities which evaluate the communication aids that NECAS provides eg. short phone interview, survey etc. For more information about the project see www.scopevic.org.au

The Communication Resource Centre may want to use the communication aid for training and other educational purposes. No personal information about you will be included on the communication aid (ie. names and photos of people).

I do give my consent

I **do not** give my consent

for my communication aid to be used as an example, or for training and educational purposes.



Name:



Signature:



Client

Other:.....
(relationship to client)

If other, have you discussed this with the client or their family?

Yes

No

Please return this form to:



Communication Resource Centre
830 Whitehorse Road
Box Hill, VICTORIA. 3128



Fax: (03) 9843 2033



Email: crc@scopevic.org.au

For more information or phone support:



Phone: (03) 9843 2000

Disclaimer: Scope (Vic) Ltd ("Scope") accepts no responsibility or liability for any misuse of its products. Consent should come directly from the client or their next of kin. However, if the consent section above is signed, the aid may be used as an example.