Name of Participant:

I have received an information pack from Kyeema Support Services that explains my rights and responsibilities, right to privacy, and any fees and charges.

Kyeema’s information pack includes:

|  |
| --- |
| *Office use only* |
| *Forms to Complete, Sign & File (electronic & hard copy) within the first week of commencement of services*  | *Form* | *Check Box* |
| Participant Intake Pack - Acknowledgement Form *(this form)* | CCF-77 |   |
| Kyeema Intake Form | CCF-02 |   |
| Medication Purpose Form – Doctor Approved | CCF-09 |   |
| Participant Treatment Sheet – Over-the Counter Medication | CCF-36 |  |
| Participant Risk Identification Form | CCF-43 |  |
| Consent to Share Information & PhotosOR Consent to Share Information - Easy Read | [CCF-01](https://qms.kyeema.com.au/LinkedDocuments/CCF-01%20Consent%20to%20Share%20Information.docx)CCF-57 |   |
| Kyeema Transport Costs & Agreement | CCF-23 |   |

Additional information enclosed for the participant to keep:

|  |  |
| --- | --- |
| **For Participant to Keep**  | *Office use only* |
| *Form* | *Check Box* |
| Kyeema Participant Handbook that includes information on privacy, rights and responsibilities, and how to make a complaint or speak up if something is wrong | CCF-75 |   |
| Speaking Up Brochure *(complaints)* | KCF-10 |   |
| Kyeema Organisational Structure   | GF-10 |   |
| Participant Transport Costs for Kyeema Services   | CCF-22 |   |
| Fridge magnet with Kyeema’s landline 5523 5999 & emergency on-call number 0417 156 239 | Fridge magnet |   |

|  |
| --- |
| Where Support Coordination is provided, I have also been given:* Conflict of Interest Policy given
* List of choice of service providers given
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If I have any questions or need help understanding anything I have been given, I can speak to someone at Kyeema on (03) 5523 5999.

**Participant/Nominee** **signature**:

Name: Date:

**Kyeema Employee signature**:

Name: Date: