**Section 1: Applicant information**

Date of application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name |  | | Surname |  |
| Gender | Male  Female  Other | | Date of birth |  |
| Address/Suburb/ Postcode |  | | | |
| Daytime phone |  | | Mobile phone |  |
| Email |  | | | |
| Primary disability |  | | Other disability |  |
| Preferred language |  | | Interpreter required | Yes  No |
| Indigenous  Status | Aboriginal & Torres Strait Islander  Not Aboriginal and Torres Strait Islander  Aboriginal and not Torres Strait Islander  Not applicable | | | |
| National Disability Insurance Scheme (NDIS) Plan status | NDIS Participant number: | | | |
|  | Do you have a NDIS Plan?  Yes  (plan approval date: ) | | | |
| Person completing this form | Name |  | | |
|  | Relationship to the person requiring support |  | | |
|  | Organisation name (if applicable) |  | | |
|  | Phone number |  | | |
|  | Email address |  | | |
| **Section 2: Understanding about you** | | | | | |
| **2.1 Tell us about yourself – (i.e what are your likes and dislikes, anything important that SDA and Independent Living Skill providers should know about you)** | | | | | |
|  | | | | | |
| **2.2 How would someone you know describe your personality?** | | | | | |
|  | | | | | |
| **2.3 Do you have any particular interests or hobbies?** | | | | | |
|  | | | | | |
| **2.4 Do you have any preferences about who you would like to live with (i.e gender, age, interests, or cultural background)** | | | | | |
|  | | | | | |
| **2.5 Do you have a legal guardian or financial administrator?** | | | | | |
| Yes  No  If no, please proceed to next question box  If yes, what type of decisions are they able to make?  Accommodation  Health  All lifestyle decisions  Financial Administrator  Please provide your legal guardian or Financial Administrator’s name, phone number and organisation (if relevant): | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3: Understanding your housing and living situation** | | | | | | | | | | | | |
| **3.1 Do any of the following circumstances apply to your current situation?** | | | | | | | | | | | | |
| Currently homeless or living in temporary or interim accommodation.  There are significant risk factors for either the applicant or their family/carer (For example: Acts of harm or violent acts resulting in injury).  The applicant’s family/carer is ageing or has significant health concerns and is no longer able to offer the level of support required. | | | | | | | | | | | | |
| **3.2 Please tick one box below to tell us where you currently live:** | | | | | | | | | | | | |
| Placement under the care of the Minister  Children’s Respite Unit  Foster family  Family home  Own home (private residence)  Group home  Adult respite centre  Large residential centre  Hospital  Community housing  Boarding House  Residential Aged Care Facility  Mental health facility  Other: | | | | | | | | | | | | |
| **3.3 When do you anticipate requiring accommodation support?** | | | | | | | | | | | | |
| Immediate: You would accept an offer of accommodation support in selected locations if made to you now.  Future: You are not ready to accept an offer of accommodation support now but would like to be on a waiting list. | | | | | | | | | | | | |
| **3.4 How are other people currently assisting with your support needs? Do you receive any formal support from service provider/s or informal support from your family and friends?** | | | | | | | | | | | | |
| **Relationship of person or agency name** | | | | **Provide a detailed description of what people do to support** | | | | | | | | |
| i.e Parents | | | | Physical assistance, prompting or supervision | | | | | | | | |
|  | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
| **Section 4: Understanding your support needs** | | | | | | | | | | | | |
| **4.1 Communication** | | | | | | | | | | | | |
| How do you prefer to communicate  Verbally  Auslan  Makaton  Combination of Auslan/Makaton  Non-verbal/vocalize  Point/gesture  IPad  PECS  Other communication methods : | | | | | | | | | | | | |
| How do you express your feelings and understand others? | | | | | | | | | | | | |
| If you are non-verbal, how do you make your needs known? | | | | | | | | | | | | |
| Have you had a communication assessment?  Yes No If yes, please attach  If yes : Who completed the assessment : Date : | | | | | | | | | | | | |
| **4.2 Daily living skills** | | | | | | | | | | | | |
| **Please indicate the level of support required by the person to undertake the following tasks**  **Please attach any relevant assessments and or reports** | | | | | | | | | | | | |
| No help: | | | You are fully independent. You need no help to complete the task. | | | | | | | | | |
| No help but uses aids: | | | With aids, you can complete the task by yourself with no help. | | | | | | | | | |  |
| Prompting: | | | You need reminders or prompting to do the task | | | | | | | | | |  |
| Some support: | | | You need prompting or modelling, and some hand-over-hand support | | | | | | | | | |  |
| Full physical support: | | | You cannot complete the task without full physical support | | | | | | | | | |  |
|  | | | **No help** | | | **No help but aids used** | | **Prompting** | **Some support** | | **Full physical support** | |
| **Showering /bathing** | | |  | | | | | | | | | |
| Describe | | |  | | | | | | | | | |
| **Grooming** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Dressing** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Toileting** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Eating** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Cooking** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Domestic tasks** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Using money** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Decision making** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Taking medication** | | |  | | | | | | | | | |
| Describe: | | |  | | | | | | | | | |
| **Mobility** | | |  | | | | | | | | | |
| Describe: e.g. how many staff required to support? | | |  | | | | | | | | | |
| **Do you use any equipment?**  e.g. Hoist, walking frame, wheel chair, commode, hearing aids, glasses, | | | Yes  No  **If Yes, describe:** | | | | | | | | | |
| **Do you need assistance using any equipment above?** | | | Yes  No  **If Yes, describe:** | | | | | | | | | |
| **Will staff require training in its use?** | | | Yes  No  **If Yes, describe:** | | | | | | | | | |
| **4.3 Day and night time support**  **Please attach any relevant assessments and or reports** | | | | | | | | | | | | |
| Day | I require supervision or support at all times during the day | | | | | | | | | Complete below section regarding night assistance | | |
| I require supervision or support during active times (for example when getting ready, at meal times, preparing for bed)  Can you be on your own for short periods (1–2 hours)?  Yes  No  Can you be on your own for longer periods (3+ hours)?  Yes  No | | | | | | | | |
| Night | Most of the time I do not need assistance when I am sleeping | | | | | | | | | Go to section 5 | | |
| I need assistance during the sleeping hours. | | | | | | | | | Complete below section regarding night assistance | | |
| Active night support is needed for: (select all that apply to you)  Peg feeding  Toileting  Unsettled  Seizure/medical  Pressure care  Behaviour  Repositioning  Other: | | | | | | | | | | | | |
| How many nights per week do you usually need night time support?  1-2  2-3  3-4  5+ | | | | | | | | | | | | |
| During these night –times, how long do you usually need support for?  less than 30 min  30 min-1hour  1-2 hours  2+ hours  Is support able to be provided by one staff?  Yes  No | | | | | | | | | | | | |
| **4.4 Health**  **Please attach any relevant assessments and or reports** | | | | | | | | | | | | |
| Do you have any ongoing health, mental health or medical issues? If so, please describe your condition and how this affects your life and your support needs. | | | | | | | | | | | | |
| Do you attend regular health appointments? If so, what are your appointments for, how often do you attend and where do you go? Does anyone usually go with you? Do you need support to attend appointments? | | | | | | | | | | | | |
| Do you take any medications or other treatments? If so, please provide details of your medication and treatment plan. | | | | | | | | | | | | |
| Do you have a health, medical or mental health care plan?  Yes  No If yes, please attach | | | | | | | | | | | | |
| Who completed the plan? Date: | | | | | | | | | | | | |
| Do you have a recent occupational therapy report?  Yes  No If yes, please attach | | | | | | | | | | | | |
| Who completed the report? Date: | | | | | | | | | | | | |
| **4.5 Behaviour Support** | | | | | | | | | | | | |
| Do you require support due to any of the following behaviours?  property damage  refusal to take medication  absconding/ leaving the residence  hurt others  throw objects  verbally aggressive  enter others rooms  self-harm/ self-injurious behaviour  sexualised behaviour  enter others personal space (without consent)  other:  I have no behaviours of concern that require specific support | | | | | | | | | | | | |
| Do you do anything that other people you live with might find disruptive? (For example, making loud noises, entering other people’s personal space or showing lack of awareness of public versus private space) | | | | | | | | | | | | |
| For each behaviour you have identified above please provide information in the table below:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Behaviour** | **What are the triggers (when, where, setting, who is around)?** | **Why the behaviour is occurring?** | **How often does it occur?** | **What is the impact on you (outcome, injury, limited access to activities/community) or others?** | **What works well to reduce these actions from occurring?** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | | | | | | | | | |
| Do you have a behaviour support plan?  Yes  No If yes, please attach  Who completed the plan? Date: | | | | | | | | | | | | |
| Do you have a human relations assessment?  Yes  No If yes, please attach  Who completed the assessment? Date: | | | | | | | | | | | | |
| Do you have a risk assessment relating to any of your behaviours or support needs (i.e fire risk assessment)?  Yes  No If yes, please attach  Who completed the assessment? Date: | | | | | | | | | | | | |
| How would you react if someone you lived with acted in a way you found disruptive? (For example, a person disturbing a quiet environment, a person coming into your personal space or showing lack of awareness of public versus private space)  Remove self  Alert staff  Follow instruction from staff  Not react  Vocalise distress  React physically  Other:  **Comments:** | | | | | | | | | | | | |
| **4.6 Getting around**  **Please refer to any relevant assessments and or reports** | | | | | | | | | | | | |
| Do you need help to get around your community? If so, describe the assistance you need. (EG: help with steps, uneven surfaces or getting into vehicles) | | | | | | | | | | | | |
| When you are out in the community as part of a group, do you need one-to-one support from a dedicated person to help you? | | | | | | | | | | | | |
| What mode of transport do you mainly use to travel to and from places? | | | | | | | | | | | | |
| Tick if you have the following:  Annual travel ticket  Concession card  Taxi card  Other (please describe): | | | | | | | | | | | | |
| Do you need help to use public transport, taxis and other transportation? If yes, please give details. | | | | | | | | | | | | |
| **4.7 Vocational** | | | | | | | | | | | | |
| What do you do during the daytime, Monday to Friday? If you participant any day time activities, workplace, education or training, please provide the names and addresses of the services you attend. | | | | | | | | | | | | |
| Are there any day time activities you wish to explore or challenge in the future? | | | | | | | | | | | | |
| Please complete the schedule below. Include time and places | | | | | | | | | | | | |
|  | | **Monday** | | | **Tuesday** | | **Wednesday** | | | **Thursday** | | **Friday** |
| **Time leave** | |  | | |  | |  | | |  | |  |
| **AM** | |  | | |  | |  | | |  | |  |
| **PM** | |  | | |  | |  | | |  | |  |
| **Time arrive home** | |  | | |  | |  | | |  | |  |
| How do you travel to and from the above activities? What support do you need to travel? | | | | | | | | | | | | |
| Are there activities you regularly do on Saturday and Sunday? If so, please provide details | | | | | | | | | | | | |
| **4.8 Other information** | | | | | | | | | | | | |
| Is there any other information you would like to add? | | | | | | | | | | | | |

**Consent to Register and Share Information**

You or your decision maker must provide consent for the application of supports and information provided in the application to be used in the following ways:

* to create a file (electronic and/or paper)
* to decide about the application
* seen by internal people when making decisions about a vacancy

I have been informed and consent to the use of information in this application for the purposes of an application for accommodation options. I understand that this information may also be used in consideration and allocation of supports and will be seen by internal people making decisions about a vacancy.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

If signed by a decision maker, please state your relationship to the applicant: