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| Application for Specialist Disability Accommodation |

## Please read this before completing the Application for Specialist Disability Accommodation form

### About this application form

This form is to be used by National Disability Insurance Scheme (NDIS) participants wishing to apply for a vacancy in Specialist Disability Accommodation (SDA).

### Who can apply for SDA vacancy?

* A person who is a NDIS participant and has eligibility for SDA confirmed in their approved NDIS plan.

### Important information for applicants / support network / support coordinators

* It is the responsibility of the applicant to have their eligibility for SDA confirmed.
* The application should be accompanied by documentation that confirms SDA eligibility and additional supporting documents, e.g. Occupational Therapy assessments and reports, communication assessment reports, adaptive behaviour assessment or behaviour support plan.
* Completed applications, including SDA application form, signed consent page and any supporting documentation, are to be submitted to the local vacancy coordination team by the nominated application closure date.
* Applications should be submitted electronically (via one of the email addresses listed below) wherever possible. If this is not possible, please contact your local divisional vacancy coordination team to discuss.
* A member of the vacancy coordination team may contact the person nominated on the form (Section 4) if further information is required to support the application.
* Insufficient or inaccurate information may impact on the offer of residency, including withdrawal of offers made on the basis of inaccurate information provided in the application form.
* Applicants will be advised if they are the preferred applicant for the vacancy.
* Contact your local divisional vacancy coordination team if you have any questions regarding this form.

### For further information or assistance

East division vacancy coordination team: eastvct@dhhs.vic.gov.au

North division vacancy coordination team: northvct@dhhs.vic.gov.au

South division vacancy coordination team: southvct@dhhs.vic.gov.au

West division vacancy coordination team: westvct@dhhs.vic.gov.au

# Specialist Disability Accommodation Application Form

## Section 1: Applicant information

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

Property ID (Property ID is available from the flyer or Housing Hub):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: ) | | | Is Specialist Disability Accommodation (SDA) eligibility confirmed in your approved NDIS plan?  Yes  **NB: Please attach evidence of NDIA SDA eligibility approval**  Please specify NDIA approved SDA Design Category:  Basic  Improved Liveability  Fully accessible  Robust  High Physical Support | |
| Support Co-ordinator’s details if applicable | Name |  | | | |
|  | Organisation name |  | | | |
|  | Phone number |  | | | |
|  | Email address |  | | | |

## Section 2: Primary contact person (if other than the applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Relationship to person requiring support/Organisation | |  | |
| Address/Suburb/ Postcode |  | | |
| Daytime phone |  | Mobile phone |  |
| Email |  | | |

## Section 3: Person completing this form (if other than the applicant)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name | Surname | | Surname | |
| Relationship to person requiring support | | | |  |
| Organisation | | | |  |
| Daytime Phone Mobile phone | | | | |
| Email |  |  | | |

## Section 4: Nominated person for further clarification/information

(note: member of the vacancy coordination team may contact the person below if further information is required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name | Surname | | Surname | |
| Relationship to person requiring support | | | |  |
| Organisation | | | |  |
| Daytime Phone Mobile phone | | | | |
| Email |  |  | | |
| Section 5: Understanding about you | | | | |
| **5.1 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)** | | | | |
|  | | | | |
| **5.2 How would someone you know describe your personality?** | | | | |
|  | | | | |
| **5.3 Do you have any particular interests or hobbies?** | | | | |
|  | | | | |
| **5.4 Do you have any preferences about who you would like to live with (i.e gender, age, interests, or cultural background)** | | | | |
|  | | | | |
| **5.5 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 6: Understanding your housing and living situation | | | | | | | | | | | | |
| **6.1 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. | | | | | | | | | | | | |
| **6.2 Please describe your current living arrangement (i.e: With family, living independently, Specialist Disability Accommodation (SDA), Supported Residential Services (SRS), Nursing Home, rehabilitation or hospital setting, other)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **6.3 Please describe your previous living arrangement(s) over the last five years if your living arrangement changed from above** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **6.4 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 | | | | | | | | |
|  | | | |  | | | | | | | | |
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| Section 7: Understanding your support needs | | | | | | | | | | | | |
| **7.1 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 : | | | | | | | | | | | | |
| **7.2 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:** | | | | | | | | | |
| **7.3 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 | | | | | | | | | | | | |
| **7.4 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: | | | | | | | | | | | | |
| **7.5 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:** | | | | | | | | | | | | |
| **7.6 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. | | | | | | | | | | | | |
| **7.7 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 | | | | | | | | | | | | |
| **7.8 Other information** | | | | | | | | | | | | |
| Is there any other information you would like to add? | | | | | | | | | | | | |

## Section 8 Consent and Declaration

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| You or your authorised representative\* must provide consent for the Specialist Disability Accommodation application (SDA) and information provided in the application (and requested assessments and reports) to be used in the following ways:   * To create a file (electronic and/or paper) * To be seen by external agencies for a SDA vacancy * For statistical reporting (information is de-identified)   \* Your representative could be a primary carer, family member, advocate or an appointed guardian. A paid worker such as a case manager or support worker cannot be your representative. |
| Written consent & declaration |
| *I have been informed and consent to the use of information in the application for any Specialist Disability Accommodation dwelling vacancy that I am applying for. I understand that this information may be provided to external agencies for this purpose. I also understand that this consent allows for information in this application to be used for statistical reporting.*  *I declare that I have provided all information relevant to my application for SDA and the information given on this form is true and correct to the best of my knowledge.*  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If signed by a representative, please state your relationship to the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_ |
| Verbal consent – only to be used where it is not practicable to obtain written consent |
| *I have discussed the purpose and disclosure of this information with the applicant or their representative and I am satisfied that they understand how the information will be used, and that they have provided informed consent to the submission of this application for support.*  Verbal consent provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person/representative’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |