Housing Application Form

APPC Developments Pty Ltd T/A
LIFE CARE ASSIST

Section 1: Applicant information

Date of Application:

Property/Location apply for:

First name		**Surname**	
Gender	☐ Male ☐ Female ☐ Other	**Date of birth**	
Address			
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 Dates: ☐ No If No, please specify reason (i.e still seeking SDA eligibility, still waiting for a plan or still waiting for a plan review):	**Is Specialist Disability Accommodation (SDA) eligibility confirmed in your approved NDIS plan?** ☐ Yes ☐ No If Yes, please specify: **SDA Category:** **Build Type:** **Resident Number:** **Location:** **Funding Approved:** **Funding Management**:
	As part of this application, confirmation of SDA funding is required. I have attached a screenshot/copy of the SDA funding to this application ☐	

Plan Manager Details if applicable	**Name**	
	Phone Number	
	Email	

VCAT Orders & Powers of Attorney	**Financial Administration Order**	Yes ☐ No ☐
	Details of Administrator	Client Number (required): Name: Phone: Email:
	Guardianship Order	Yes ☐ No ☐
	Details of Guardian	Name: Phone: Email:
	Power of Attorney	Yes ☐ No ☐
	Details of POA	Financial POA ☐ Enduring POA ☐ Name: Phone: Email:
	I have attached a copy of the relevant orders/documents to this application Yes ☐ No ☐	

Finance Details	As part of moving into SDA accommodation, the applicant is response for the personal costs of rent. As per the NDIS guidelines, the Maximum Reasonable Rental Contribution is charged which is: 100% of the Centrelink Rent Assistance 25% of the Disability Pension Please refer to the Rental Contribution Letter for further details on current rates
	I have attached a screenshot/copy of income statement to confirm available funds for rent ☐

Section 2: Relevant Contacts

NDIS Plan Nominee	
Do you have a NDIS registered Plan Nominee	Yes ☐ No ☐
Name	
Relationship to	
Phone Number	
Email	

Support Coordinator Details	
Name	
Organisation	
Phone Number	
Email	

Next of Kin Details (if different to plan nominee)	
Name	
Relationship to	
Phone Number	
Email	

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 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)

3.3 Please describe your previous living arrangement(s) over the last five years if your living arrangement changed from above

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**

Smoking	**Smoker:** ☐ Yes ☐ No **Prefer a non smoking home:** ☐ Yes ☐ No

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 **Who completed the assessment**: **Date:**

4.2 Swallow Management
Do you have issues with swallowing (dysphagia)? ☐ **Yes** ☐ **No**
If yes, which of the following symptoms are relevant to you: ☐ Difficulty chewing or swallowing ☐ coughing, choking or frequent throat clearing ☐ Having long mealtimes ☐ regurgitating undigested food ☐ difficulty controlling food or liquid in mouth ☐ drooling
Do you have a mealtime management plan? ☐ **Yes** ☐ **No** If yes, please attach **Who completed the assessment:** **Date:**

4.3 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:					
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:**				

4.4 Day and nighttime 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. Active night Required: ☐ Yes ☐ No	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 nighttime 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

4.5 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:

4.6 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

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)

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)

☐ Remove self ☐ Alert staff ☐ Follow instruction from staff
☐ Not react ☐ Vocalise distress ☐ React physically
☐ Other:

Comments:

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 is the behaviour 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:

4.7 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.

4.8 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					

4.9 Other information
Is there any other information you would like to add?

Section 5 Consent and Declaration

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: