

# 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](mailto:eastvct@dhhs.vic.gov.au)

North division vacancy coordination team: [northvct@dhhs.vic.vic.gov.au](mailto:northvct@dhhs.vic.vic.gov.au)

South division vacancy coordination team: [southvct@dhhs.vic.gov.au](mailto:southvct@dhhs.vic.gov.au)

West division vacancy coordination team: [westvct@dhhs.vic.vic.gov.au](mailto:westvct@dhhs.vic.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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of birth		
Address/Suburb / Postcode					
Daytime phone			Mobile phone		
Email					
Primary disability			Other disability		
Preferred language			Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indigenous Status	Aboriginal & Torres Strait Islander			<input type="checkbox"/>	
	Not Aboriginal and Torres Strait Islander			<input type="checkbox"/>	
	Aboriginal and not Torres Strait Islander			<input type="checkbox"/>	
	Not applicable			<input type="checkbox"/>	
National Disability Insurance Scheme (NDIS) Plan status	NDIS Participant number:				
	Do you have a NDIS Plan? <input type="checkbox"/> Yes (plan approval date:)		Is Specialist Disability Accommodation (SDA) eligibility confirmed in your approved NDIS plan? <input type="checkbox"/> Yes  <b>NB: Please attach evidence of NDIA SDA eligibility approval</b> Please specify NDIA approved SDA Design Category: <input type="checkbox"/> Basic <input type="checkbox"/> Improved Liveability <input type="checkbox"/> Fully accessible <input type="checkbox"/> Robust <input type="checkbox"/> 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
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
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



	No help	No help but aids used	Prompting	Some support	Full physical support
<b>Showering /bathing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe					
<b>Grooming</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Dressing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Toileting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Eating</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Cooking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Domestic tasks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Using money</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Decision making</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Taking medication</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
<b>Mobility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					

<p><b>Do you use any equipment?</b> e.g. Hoist, walking frame, wheel chair, commode, hearing aids, glasses,</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes, describe:</b></p>
<p><b>Do you need assistance using any equipment above?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes, describe:</b></p>
<p><b>Will staff require training in its use?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes, describe:</b></p>

**7.3 Day and night time support**

**Please attach any relevant assessments and or reports**

<p>Day</p>	<p><input type="checkbox"/> I require supervision or support at all times during the day</p> <p><input type="checkbox"/> I require supervision or support during active times (for example when getting ready, at meal times, preparing for bed)</p> <p>Can you be on your own for short periods (1–2 hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you be on your own for longer periods (3+ hours)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Complete below section regarding night assistance</p>
<p>Night</p>	<p><input type="checkbox"/> Most of the time I do not need assistance when I am sleeping</p> <p><input type="checkbox"/> I need assistance during the sleeping hours.</p>	<p>Go to section 5</p> <p>Complete below section regarding night assistance</p>

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

#### 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 participate in 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

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Time leave</b>					
<b>AM</b>					
<b>PM</b>					
<b>Time arrive home</b>					

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

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: \_\_\_\_\_