

VMCH Disability Accommodation Expression of Interest

My Personal Details

Title:	Given name(s):	Family name:		
Age:	Gender	Phone:	Email:	
Address:		Suburb:	Postcode:	
Primary Disability:				
Funding Type:			Registration Number:	

Main Contact (if different from above)

Title:	Given name(s):	Family name:		
Organisation:		Position:	Relationship to Client:	
Phone:		Email:		
How did you hear about us?				
To discuss this enquiry, please contact:				

Tell us a little bit about you:

My likes and interests:

My current supports:

My Support Needs:

Please indicate the level of support you require to undertake the following tasks:

	No help (You are fully independent)	No help but aids used (With aids, you can complete the task by yourself)	Prompting (You need reminders or prompting to do the task)	Some support (You need some hand-over-hand support)	Full physical support (You cannot complete the task without 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? (Hoist, 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:		

Day and night time support:

Day	I require supervision or support at all times during the day	Yes:	No:
	I require supervision or support during active times (for example when getting ready, at meal times, preparing for bed)	Yes:	No:
	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	Yes:	No:
	I need assistance during the sleeping hours.	Yes:	No:

Do you have any behaviour support needs?

Behaviour	What are the triggers (when, where, setting, who is around)?	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?
Ex. Yelling/ Shouting	When over stimulated by crowds or noise	Occasionally (1-2 times per month)	My access to the community can sometimes be limited when going to particularly busy places (shopping centres at Christmas or football games)	Talk to me so that I am prepared for the situation. Tell me that you are there for me to support me. Give me the option to go to a quiet place when I have had enough.

My future home:

Is located:

Close to where I live now (5km)	
Near where I live (5-15km)	
I'm up for an adventure (15+ km)	
I can move anywhere for the perfect home	

I would like to live with (for example gender, age, interests, or cultural background):

I have already been approved for the below design category:

SDA Design Category	Definition	
Improved Liveability	Housing that has been designed to improve 'liveability' by incorporating a reasonable level of physical access and enhanced provision for people with sensory, intellectual or cognitive impairment	
Fully Accessible	Housing that has been designed to incorporate a high level of physical access provision for people with significant physical impairment	
Robust	Housing that has been designed to incorporate a high level of physical access provision and be very resilient, reducing the likelihood of reactive maintenance and reducing the risk to the participant and the community	
High Physical Support	Housing that has been designed to incorporate a high level of physical access provision for people with significant physical impairment and requiring very high levels of support	

Is there anything else you would like to tell us?

What to do next:

Once you have completed this form, please email hello@vmch.com.au. We will place you on our housing wait list and keep you updated as new homes become available. If you have any questions about the form or would like assistance to complete it, please email hello@vmch.com.au or call us on 1300 698 624.