

Gippsland carers Association Inc. AIN A0035748T
Housing and Accommodation Choices Survey For Carers

DATE: 26 May 2015

About you the Carer

Full Name of Carer: _____

Full Address: _____

P/Code: _____ Email: _____

Phone: _____ Mobile: _____

Carer Status: Primary Other _____

Carers Age: _____ Years as a Carer: _____

Care Type: Disability Dementia Mental Illness Chronic Illness Frail Age

Palliative Care Other _____

Number of Care Recipients (if more than one please use separate form)

Age of care recipient: _____ Relationship to care recipient: _____

Where does the care recipient currently live?

With you alone: With you and your family Other - Please explain _____

Do you own your own home Pay Rent Other _____

Tell us your preferred timeline choices for future accommodation/housing options for the person you care for: _____

Which living location/s would suite you and the person you care for: _____

Where would be the preferred town area location for you: _____

Where would be the preferred choice/s of location for the person you care for: _____

In the next section please tell us about the level of support services required for any potential Housing, or Accommodation choices for the person you care for.

All these questions will help us to understand what type of accommodation will be useful and suitable for your loved one and you in the future under the NDIS.

Now turn page over to tell us about the supports and needs of the person you care for.

Mobility Support How does the person you care for move around at home and in the community?

Please tick any boxes that apply

Walks independently, with or without an aid e.g. frame/stick etc.		Other	
Walks with support or supervision		Requires transport assistance	
Moves around on the floor		Or aides for transporting, if yes please explain!	
Uses a wheelchair independently			
Uses wheelchair with assistance			

Other support – what level of care support is required?

High Care Medium Care Low Care. Is overnight support required Yes No. If Yes, explain overnight support required?

For the person you care for is assistance required for:

	Yes	No		yes	No
Mealtime with eating			Special diets		
Mealtime with drinking			Manual lifting		
Between meal snacks/drinks			Behavioural support		

Health Support Required - Tick any medical conditions

Epilepsy Diabetes Asthma/breathing Mental illness Chronic illness Other -explain

Requires: Medication administration support Bladder /Bowel Care

Daily Living Skills

	Yes	No		yes	No
Showering/bathing			Domestic tasks		
Grooming/dressing			cooking		
Toileting			Using money		
communication			Accessing the community		

Supported Housing ideas and options

- Independent living (with support) Group Housing (CRU) Cluster Living Units Cluster Houses
- Individual Units Hostel Units attached to Parent/Carers House Units near aged care Facility
- Shared accommodation with up to: 2 4 6 8 Village Living
- Hastings Model Freedom Housing Model 5 Star Project Model Other

What is your preferred housing Model?

All personal information will be treated confidentially. No identifying matter will be used in compiling data for use in seeking supported living choices for families.

If you would like an email copy of the data compiled please tick and make sure you provided an email address on the first page. If you would like to join the accommodation sub group tick here Thank you.