

Application for ongoing disability support

Section 1: Requirements for requesting ongoing disability support

What is this for?

If you have support needs related to your disability that cannot be met by family, friends, or other services in the community, you can ask for support from Disability Services. This application is for the following ongoing disability supports:

- Individual Support Package
- Supported Accommodation

Who can apply for ongoing disability supports?

You, or someone on your behalf, can apply if

- you have a disability as defined in the *Disability Act 2006*
- you have developed a plan that takes into account any help and supports you already receive, such as community-based help or specialist services
- you have a current and ongoing need for additional disability supports
- your support needs are related to your disability.


You should contact the regional Intake and Response Team on 1800 783 783 if you:



Before you start

- are unsure if you have a disability as defined in the *Disability Act 2006*
- are unsure you have considered all options for support
- are unsure if you already have an application registered
- have an application registered and your circumstances have changed
- need assistance to complete an electronic application.

For further information or assistance you can also:

- use the [Help Guide](#) , which provides information and tips on the questions in this application.
- refer to the Disability Support Register – Information Sheets on the website dhs.vic.gov.au/disability/dsr
- speak with your case manager or service provider.

These symbols indicate the following:



Information about why questions are being asked.



There is information on how to answer the question in the **Help Guide**.



Do not continue unless you understand the instructions given. You may not be required to complete this section.

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Section 2: Person requiring ongoing disability support (the applicant)			
First name		Surname	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth
Primary disability		Other disability	
Indigenous status	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indigenous identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait
Ethnicity		Country of birth	
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred language	
Address			
Suburb		Postcode	
Your local government area			
Daytime phone		Mobile phone	
Email			

Section 3: Primary contact person (if other than the applicant)	
First name	Surname
Organisation (if applicable)	
Address	
Suburb	Postcode
Daytime phone	Mobile phone
Email	
Relationship to person requiring support	

Section 4: Person completing this form (if other than the applicant or the primary contact person)	
First name	Surname
Relationship to person requiring support	
Organisation (if applicable)	
Address	
Suburb	Postcode
Daytime phone	Mobile phone
Email	

Section 5: Understanding your request for support



We need to know what type of ongoing disability support you are requesting. Depending on the support you are requesting you will need to complete additional information.



Refer to page 9 in the *Help Guide*.

5.1 What type of ongoing disability support are you asking for? (Choose one box only)

Individual Support Package

You need to complete **Sections 2–9**, and **Appendix A** – Individual Support Package Request.

Supported Accommodation

You need to complete **Sections 2–9**, and **Appendix B** – Individual Profile.

Individual Support Package while I am waiting for a suitable Supported Accommodation

You need to complete **all** information in this application, including Appendix A and Appendix B.

Individual Support Package and Supported Accommodation

You need to complete all information in this application, including Appendix A and Appendix B.

Section 6: Understanding your housing and living situation



We need to understand your (the applicant) current living situation. Information in this section is also used for statistical purposes.



Refer to page 10 in the *Help Guide*.

6.1 Tick one box below to tell us where you currently live

- | | | |
|---|---|--|
| <input type="checkbox"/> Self-/family-owned home | <input type="checkbox"/> Private rental | <input type="checkbox"/> Public housing |
| <input type="checkbox"/> Supported Residential Service | <input type="checkbox"/> Supported Accommodation (Disability) | <input type="checkbox"/> Community Care Placement |
| <input type="checkbox"/> Hospital/rehabilitation facility | <input type="checkbox"/> Forensic or psychiatric facility | <input type="checkbox"/> Crisis/transitional house |
| <input type="checkbox"/> Aged care | <input type="checkbox"/> Other: | |

6.2 Who do you live with?

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Live with family | <input type="checkbox"/> Live with others | <input type="checkbox"/> Live alone |
|---|---|-------------------------------------|

6.3 Do you have a primary carer?

- Yes No

If yes, please provide their name and date of birth (DOB):



Refer to page 11 in the *Help Guide*.

Name:

DOB:

6.4 Do you have a legal guardian?

- Yes No

If no, go to **question 6.5**

If yes, what type of decisions are they able to make?

- Accommodation Health All lifestyle decisions

Please provide your legal guardian's name, phone number and organisation (if relevant):

6.5 Please tell us about your (the applicant) living situation. Are your accommodation and living arrangements going well?



Refer to page 10 in the *Help Guide*.

6.6 Are you currently looking for, or interested in, living in private rental or public housing?



Refer to page 11 in the *Help Guide*.

Yes (now complete **questions 6.7 and 6.8**) No (go to **Section 7**)

6.7 Are you currently on a public housing waiting list?

Yes If yes, with which agency?
 No If no, are you intending to apply? Yes No

6.8 What type of household layout would you need and why?

- 1 bedroom – single occupant
- 2 or more bedrooms – single occupant with equipment needs
- 2 or more bedrooms – multiple occupants
- Modified – wheelchair accessible

Please provide brief comments about your selected requirements for housing:

Section 7: Understanding your disability support needs



We need to understand how your disability affects your daily life, what areas you need support with and how you are being supported.



Refer to page 13 in the *Help Guide*.

7.1 Tell us about the areas related to your disability that you need assistance with. Include the level, type and amount of support you need.

7.2 How are other people assisting with your support needs? Include help from your family and friends and any other support services.

Relationship of person or agency name	Type of support provided	Frequency/ hours per week (if relevant)	Funding source (if relevant)

Additional comments:

7.3 Do you already have funding from an Individual Support Package?

Yes No Do not know

If yes, provide your annual (12-month) ongoing funding amount: \$

7.4 If your disability was the result of an accident or injury, have you received, or are you likely to receive, compensation?



Refer to page 14 in the *Help Guide*.

Yes No

If yes, please make sure you know about the *Compensable Client Policy*, which you can get from our website: www.dhs.vic.gov.au/disability, or you can request a copy from the Disability Intake and Response team on 1800 783 783.

Section 8: Understanding your decision making



We need to understand how your situation has changed and what effect this has had on your need for support. We also need to know that you have considered all the options available to you.



Refer to page 15 in the *Help Guide*.

8.1 What has changed in your situation or what has led you to now request disability support?

8.2 What needs will be addressed with this support you are requesting?



Refer to page 15 in the *Help Guide*.

8.3 Describe each option you have considered to meet your support needs that are currently not being met.

Which options have you considered?	Why is the option not available or unsuitable?

8.4 Is there any other information, which is not mentioned already, that will help us to understand your need for ongoing disability support?



Don't forget to:

- tick ONE box to show the type of support you are requesting
- answer every question
- use the Help Guide if you are not sure how to answer a question
- list all options you have explored
- If you are requesting an Individual Support Package, you must also complete Appendix A**
- If you are requesting Supported Accommodation, you must also complete Appendix B**
- consent to the application and how the information will be used



We need to make sure you have agreed to the application for ongoing disability support. You also need to confirm that you understand and agree to how the information in this form will be used. This is required by law under the *Information Privacy Act 2000*.

Section 9: Consent to register and share information

You or your authorised representative* must provide consent for the application of supports and information provided in the application to be used in the following ways:

- to create a file (electronic and/or paper)
- to make a decision about registering you need for support
- seen by external people when making decisions about allocating funding or a vacancy
- to help set up a support you have been allocated, including external service providers
- for statistical reporting.

* 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

I have been informed and consent to the use of information in this application for the purposes of registering an application for ongoing disability support. I understand that this information may also be used in consideration and allocation of supports, and 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 purposes.

Signed: Date:

Name:

If signed by a representative, please state your relationship to the applicant:

Verbal consent – only to be used where 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/practitioner name:

Position:

Organisation:

Details regarding consent:

Submitting your application for support



You can send your completed application to your regional office using the information below. The region will send you an acknowledgement within **three days** of receiving your application. This will include more information about the next steps.

Eastern Metropolitan Region	Grampians Region
883 Whitehorse Road Box Hill Vic 3128 Ph: 9843 6312 Fax: 9843 6575 TTY: 9843 6638 Email: Eastern.Disability@dhs.vic.gov.au DSR Email: DSR.Eastern@dhs.vic.gov.au	Corner Mair & Doveton Streets Ballarat Vic 3353 Ph: 1800 670 143 Fax: 5333 6505 TTY: 5333 6815 Email: Grampians.Disability@dhs.vic.gov.au
Southern Metropolitan Region	Hume Region
3rd Floor 4–10 Jamieson Street Cheltenham Vic 3192 Ph: 1300 131 079 Fax: 8585 6005 TTY: 1800 008 149 Email: Southern.Disability@dhs.vic.gov.au DSR Email: Southern.DSR@dhs.vic.gov.au	43–47 Rowan Street Wangaratta Vic 3677 Ph: 1300 238 133 Fax: 5722 0541 TTY: 5722 0623 Email: Hume.Disability@dhs.vic.gov.au
North & West Metropolitan Region	Loddon-Mallee Region
145 Smith Street Fitzroy Vic 3065 Ph: 9412 2741 Fax: 9412 5374 TTY: 9412 2647 Email: NorthandWest.Disability@dhs.vic.gov.au DSR Email: DSR.NorthandWest@dhs.vic.gov.au	74–78 Queen Street Bendigo Vic 3550 Ph: 5434 5888 Fax: 5434 5890 TTY: 5434 5669 Email: Loddon.Disability@dhs.vic.gov.au
Barwon-South Western Region	Gippsland Region
Cnr Fenwick & Little Malop Streets Geelong Vic 3220 Ph: 1800 675 132 Fax: 5226 4566 TTY: 5226 4062 Email: bswdsr@dhs.vic.gov.au	11 Hazelwood Road Morwell Vic 3840 Ph: 5136 2474 Fax: 5136 2520 TTY: 5136 2494 Email: Gippsland.Disability@dhs.vic.gov.au

Appendix A: Individual Support Package Request



Only complete Appendix A if you are requesting an Individual Support Package (ISP)



- Completing this table does not mean that you have been allocated funding, but will be used to register the amount you need for when a package of that amount becomes available.
- If you already have an ISP, include the supports you are receiving that you will continue to need.
- If you need help with this table, please speak with your case manager or contact Intake and Response on 1800 783 783.



You can find the cost for supports in the Individual Support Package Guidelines – [Information Sheet](#)

How will support be used?	Details of the amount of support	Cost per hour, or per session	Amount of hours/session on per year	Total cost each year
<i>Example only: Attendant care to help with getting ready for work Monday to Friday</i>	<i>2 hours a day, 5 days a week for 48 weeks a year</i>	<i>37.30</i>	<i>480 hours</i>	<i>\$17,904</i>
			Total	\$

Appendix B: Individual Profile for Supported Accommodation Requests



Only complete Appendix B if you are requesting Supported Accommodation



When you request Supported Accommodation you need to complete additional information to provide more details about your support needs.

You should provide very detailed information about your support requirements on this form to make sure we:

- know what type of supported accommodation you need
- understand how your support needs could be met in accommodation
- can match your needs to vacant accommodation.

You can ask other people who know your support needs to assist with completing this section, such as your family, case manager, and services that support you.

Are you requesting Supported Accommodation?

- Yes (continue completing this form)
 No (do not continue completing this form)

If you are requesting accommodation in the Barwon-South Western, Grampians, Loddon-Mallee, Hume or Gippsland Region, it is advisable that you list preferences of the local government areas (LGAs) you would like to reside in.

Please note that you may be considered for suitable accommodation that arises outside of preferred areas.

1st LGA preference:

2nd LGA preference:

3rd LGA preference:

Would you live in suitable accommodation outside your preferred LGA?

- Yes No

Would you change location of your day supports if suitable accommodation was available?

- Yes No

Appendix B Section 1: Accommodation needs snapshot

Would you consider contributing towards the cost of purchasing accommodation?

Singleton Equity Housing (SEH) is a share supported accommodation program which houses people with a disability. Shares are purchased by each resident, which enables SEH to purchase properties and enables residents who have savings to make a financial contribution to their property. The cost of shares varies depending on the property and can range from \$6000 to \$20,000. When a resident leaves a property, the shareholder sells their shares at the same share purchase value. The department has a number of SEH supported accommodation places allocated by the Disability Support Register (DSR).

- Yes No

Mobility

<input type="checkbox"/> Walking	<input type="checkbox"/> Use aid(s)	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Assistance needed
Communication			
<input type="checkbox"/> Verbal	<input type="checkbox"/> Use aid(s)	<input type="checkbox"/> Sign	<input type="checkbox"/> Non-verbal
Can you be on your own for short periods (1–2 hours)?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you be on your own for longer periods (3+ hours)?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you exhibit any behaviour of concern, or have a behaviour support plan?			
<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
* If 'Yes', you must complete Section 9			

Appendix B Section 2: Which type of supported accommodation do you require? Please tick one option for both day and night		
Day	<input type="checkbox"/> I require supervision or support at all times during the day	Go to Section B3
	<input type="checkbox"/> I require supervision or support during active times (for example when getting ready, at meal times, preparing for bed)	Go to Section B3
Night	<input type="checkbox"/> Most of the time I do not need assistance when I am sleeping.	Go to Section B3
	<input type="checkbox"/> I need assistance during the sleeping hours.	Complete questions below

Active night support is needed for: (select all that apply to you)
<input type="checkbox"/> Peg Feeding <input type="checkbox"/> Toileting <input type="checkbox"/> Unsettled <input type="checkbox"/> Seizure/medical <input type="checkbox"/> Pressure care <input type="checkbox"/> Behaviour <input type="checkbox"/> Repositioning <input type="checkbox"/> Other:
How many nights per week do you usually need night-time support?
<input type="checkbox"/> 1–2 <input type="checkbox"/> 2–3 <input type="checkbox"/> 3–4 <input type="checkbox"/> 5+
How many times during the night-time do you need support?
<input type="checkbox"/> 1–2 <input type="checkbox"/> 2–3 <input type="checkbox"/> 3–4 <input type="checkbox"/> 5+
During these night-times, how long do you usually need support for?
<input type="checkbox"/> less than 30 min <input type="checkbox"/> 30 min – 1 hour <input type="checkbox"/> 1–2 hours <input type="checkbox"/> 2+ hours
Please explain your overnight care requirements:

Appendix B Section 3: Your preferences

How would someone you know describe your personality?

What is important to you in your day?

Do you have any preferences about who you would like to live with?

Include males/females, age and interests

How would you react if someone you lived with acted in a way you found disruptive?

For example, a person making loud noises or a person coming into your personal space.

Do you do anything that other people you live with might find disruptive?

For example making loud noises or entering other people's personal space.

Do you have a person-centred plan?

Yes No

Who completed the plan?

Date:

Appendix B Section 4: Day supports

What do you do during the daytime, Monday to Friday?

Please complete schedule below. Include times and places.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time leave home					
AM					
PM					
Time arrive home					

If you attend a day service, workplace, education or training facility, please provide the names and addresses of the services you attend.

How do you travel to and from your day supports? What support do you need to travel?

Are there costs associated with your travel? If so, how are they paid?

Are there activities you regularly do on Saturday and Sunday? If so, please provide details

Appendix B Section 5: Communication

Do you like to start conversations, and take part in conversation, with others?

Do you use any communication aids? If so please list and describe how they are best used to support you.

How do you express your feelings?

How do you understand others? Is there a way that staff should communicate with you to help you understand what they are saying? Are you able to follow people's conversations?

Do you have a communication assessment?

Yes No

Who completed the assessment:

Date:

Appendix B Section 6: Getting around

Do you need help to get around your community? If so, describe the assistance you need.

For example if you need 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? Please explain.

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.

Appendix B Section 7: Daily living skills

The more information you give about your support requirements, the easier it is to

identify a place that would be suitable for you.

For each task you must describe the support you need, and any equipment or items you use in that task.

As an example of what you might include for showering or bathing:

- **Describe:** *Do you prefer a bath or shower? Morning or night? Before or after meals? How many people are required to help you to complete your routine?*
- **Equipment:** *Do you need a shower chair, a rubber mat or other aids?*

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 uses aids	Prompting	Some support	Full physical support
Showering/ bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					

	No help	No help but uses aids	Prompting	Some support	Full physical support
Domestic tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Using money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Vision impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					
Mobility at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Equipment:					

Skill development
Describe areas in which you would like to increase your skills, or develop new skills?

Appendix B Section 8: Health
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.

(For example you may have severe asthma and this means you can sometimes only walk short distances before needing a rest.)

Do you attend regular health appointments? If so, what are your appointments for, how often do you attend and where do you go?

Do you take any medications or other treatments? If so, please provide details of your medication and treatment plan.

Do you have a health or medical care plan?

Yes No

Who completed the plan?

Date:

Do you have a recent occupational therapy report?

Yes No

Who completed the report?

Date:

Appendix B Section 9: Behaviours of concern

Thinking about the last six months, have you done any actions that people in your life have thought is harmful or dangerous to yourself or others?

Yes – Please explain your what your actions were below

No – Go to Section 10

Where possible, for each action you have identified please provide information on the following:

- What are you expressing through this action?
- How often does it occur (for example twice a day, once per week, five times a month)
- Where do you tend to do this action?

Action	What expressing?	How often does it occur?	Where it occurs?

What happens after these situations? How do you feel? Is there an impact on other people, or things?

What works well and what doesn't work well to reduce these actions from occurring?

Describe the skills you are good at and any skill gaps that may put you at risk.

For example, are you aware of the difference between public and private behaviours, do you understand risks to others, are you vulnerable to people you don't know?

Do you have a behaviour support plan?

Yes No

Who completed the plan?

Date:

Do you have a human relations assessment?

Yes No

Who completed the assessment?

Date:

Appendix B Section 10: Other information

Is there any other information you would like to add?

Please include details of any other relevant assessments you have had.

Do not complete

This is for DHS staff only

Consent by person/representative

Yes

No

TBC

TGA determined

Yes

No

TBC

Disability details on CRIS

Yes

No

TBC

All questions completed

Yes

No

Costing completed (if ISP)

Yes

No

N/A

Profile completed (if SSA)

Yes

No

N/A

Documents saved on CRIS

Yes

No

CRIS DSR draft status created

Yes

No

Acknowledgement and information sheet sent

Yes

No

Is this a review?

Yes

No

Do they have an existing ISP or accommodation support?

Yes

No

Do they have an FSP?

Yes

No