

Specialist Disability Accommodation Application Form

Date of application: _____

SDA property ID: _____

Person requiring Specialist Disability Accommodation (<i>the applicant</i>)			
First name		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	
Primary disability		Other disability	
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred language	
Address/Suburb / Postcode			
Daytime phone		Mobile phone	
Email			
Additional information	Do you have a NDIS Plan?		SDA included in the plan?
	<input type="checkbox"/> Yes (plan approval date:))		<input type="checkbox"/> Yes (SDA type:))
	(Participant No:))		<input type="checkbox"/> No
	<input type="checkbox"/> No		

Primary contact person (<i>if other than the applicant</i>)	
First name	Surname
Relationship to person requiring support/Organisation	
Address/Suburb/ Postcode	
Daytime phone	Mobile phone
Email	

Person completing this form (<i>if other than the applicant or the primary contact person</i>)	
First name	Surname
Relationship to person requiring support	
Organisation	
Daytime Phone	Mobile phone
Email	
NDIA Support Co-ordinator	
First name	Surname
Organisation	

Daytime phone _____ Mobile _____

Email _____

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

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

Do you have a legally appointed Financial Administrator

Yes No

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

Current accommodation arrangements

Please describe your current living arrangement? (EG: With family, living independently, Specialist Disability Accommodation (SDA), Supported Residential Services (SRS), Nursing Home, rehabilitation or hospital setting)

Do any of the following circumstances apply to your current situation?

- The applicant is currently homeless or is living in temporary or interim accommodation.
- There are significant risk factors for either the individual or the family/carer (EG: 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.

Section 1: Your preferences

- How would someone you know describe your personality?
- Do you have any preferences about who you would like to live with? (EG: gender, age and interests)
- Do you have any particular interests or hobbies

Section 2: Communication

How do you communicate

- Verbally Auslan Makaton Combination of Auslan/Makaton
 Non-verbal/vocalize Point/gesture iPad PECS
 Other communication methods :

- If you communicate verbally, do you like to start conversations, and take part in conversation, with others?
- How do you express your feelings and understand others?
- If you non-verbal, are you able to make your needs understood.

Do you have a communication assessment? Yes No If yes, please attach

If yes : Who completed the assessment :

Date :

Section 3: Daily living skills

Please indicate the level of support required by the person to undertake the following tasks

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Domestic tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
Using money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe:	
Decision making	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Describe:	
Taking medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Describe:	
Mobility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Describe:	
Do you use any equipment? e.g. Hoist, walking frame, wheel chair, commode, hearing aids, glasses,	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	

Section 4: Which type of support or supervision 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	Complete below section regarding night assistance
	<input type="checkbox"/> 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)? <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		
Night	<input type="checkbox"/> Most of the time I do not need assistance when I am sleeping	Go to section 5
	<input type="checkbox"/> I need assistance during the sleeping hours.	Complete below section regarding night assistance

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?

- 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

Section 5: 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.

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, 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:

Section 6: Behaviour Support

Do you do anything that requires behaviour support or that the people you live with might find disruptive?

- property damage refusal to take medication absconding
 hurt others throw objects verbally aggressive
 make loud noises enter others rooms self-harm
 sexualised behaviour enter others personal space other:
 I have no behaviours that other would find disruptive

For each behaviour you have identified above please provide information in the table below:

Behaviour	What are the triggers and what are you trying to communicate	How often does it occur	What is the impact on others	What works well to reduce these actions from occurring.

How would you react if someone you lived with acted in a way you found disruptive.(eg loud vocalisations, invading personal space, physical actions from being heightened.)

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

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:

Section 7: Getting around

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.

Section 8: Day supports

What do you do during the daytime, Monday to Friday? If you attend a day service, workplace, education or training facility, please provide the names and addresses of the services you attend.

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 your day supports? What support do you need to travel?

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

Section 9: Other information

Is there any other information you would like to add?

Section 10: Consent & Declaration

You or your authorised representative* must provide consent for the SDA application 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 parties for a placement
- 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 & 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 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: _____