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| Specialist Disability Accommodation (SDA) Vacancy application |
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## 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).

The information you provide to us will be used to determine your suitability for the vacancy you have applied for. In accordance with our [Privacy statement](#Privacy), this information will be shared with Supported Independent Living (SIL) providers, SDA provider and members of the vacancy matching panel (for further information on who makes up the vacancy matching panel please refer to the Offering Residency in SDA Manual on this link - [Offering Residency in SDA Manual](https://www.homes.vic.gov.au/sites/default/files/documents/202206/Offering%20Residency%20Practice%20Manual-Final-May-2022.docx) .

**It is IMPORTANT you complete ALL sections of this SDA application form with as much detail as possible to provide an accurate description about who you are, what is important to you and your individual support needs.**

You can let us know if there are any particular people or services that you want us to share your information with, or any that you do not want us to share your information with.

**You don’t have to tell us this information if you don’t want to, but that might make it more difficult for us to determine if the vacancy is suitable for you.**

### Who can apply for SDA vacancy?

* A person who is a NDIS participant and has eligibility for SDA and SIL confirmed in their approved NDIS plan.
* Other funding sources may be considered on a case-by-case basis, and you will need to contact the Housing Coordination Services to discuss prior to submitting an application

### Important information for applicants / support network / support coordinators

* When applying for SDA vacancies, Housing Coordination Services will require all NDIS participants to submit written evidence from the NDIA which confirms the applicant’s maximum available SDA funding amount*.*
* If the applicant currently lives in an SDA dwelling, and is applying to move to a different SDA, Housing Coordination Services requires –

1. written evidence that the NDIA have been notified of the intended relocation, and
2. confirmation from the NDIA of the participant’s maximum SDA funding amount available for an alternative SDA

* The application should be accompanied by documentation that confirms SDA and SIL eligibility, as above, together with additional supporting documents, e.g., Assessments and Reports, etc
* Completed applications, including SDA application form, signed consent page and any supporting documentation, are to be submitted to Housing Coordination Services.
* Applications should be submitted electronically (via one of the email addresses listed below) wherever possible. If this is not possible, please contact Housing Coordination Services to discuss.
* A member of Housing Coordination Services may contact the person nominated on the form (Section 5) 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 based on inaccurate information provided in the application form.
* Applicants will be advised if they are the preferred applicant for the vacancy.
* Contact Housing Coordination Services if you have any questions regarding this form.

**Your Privacy is important to us**

The Department of Families, Fairness and Housing (DFFH) endorses fair information handling practices and uses of information in compliance with its obligations under the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). For more information, please read our Privacy statement <https://www.dffh.vic.gov.au/privacy-statement>

# Specialist Disability Accommodation Application Form

## Section 1. Application information

|  |  |
| --- | --- |
| Date of application |  |
| Property ID (Property ID is available from the Housing Hub): |  |
| Have you viewed the property | Yes  No |

**Section 2. Personal details**

|  |  |
| --- | --- |
| Pronouns / Title |  |
| Full Name |  |
| Gender | Please select. |
| Date of birth |  |

|  |  |
| --- | --- |
| Do you identify as Aboriginal or Torres Strait Islander? | Yes  No |

|  |  |
| --- | --- |
| Primary Language spoken |  |
| Other Languages spoken |  |
| Interpreter required | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address |  | | |
| Suburb |  | Postcode |  |
| Daytime phone |  | Mobile phone |  |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary disability |  | Other disability |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Information with solid fillDo you have a Guardian Financial administrator, or Enduring Power of Attorney (EPA)  Further information can be accessed by hovering your mouse over each of the roles below | | | | | |
| Guardian |  | Financial Administrator |  | Enduring Power Attorney |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Please Select. | Please Select. | Please Select. |
| Name /Organisation |  |  |  |
| Address |  |  |  |
| Phone |  |  |  |
| Email |  |  |  |
| Section 3. Understanding your current housing and living situation  |  |  |  |  | | --- | --- | --- | --- | | With family |  | Supported Residential Services |  | | Living independently |  | Nursing Home |  | | Specialist Disability Accommodation |  | Rehabilitation or hospital setting |  | | Homeless |  | Emergency/Crisis/Short Term accommodation |  | | What are your current living arrangements? Please provide as much detail as possible. | | | |   **Section 4. Funding for Specialist Disability Accommodation (SDA)** | | | | |

|  |  |
| --- | --- |
| **Have you attached evidence of your SDA and SIL funding with this application  Yes  No**  ***Applications that do not provide evidence of SDA and SIL funding may not be accepted or progressed.*** | |
| NDIS Participant number: |  |
| Plan dates: |  |
| NDIS SDA funding amount: |  |
| NDIS SIL funding amount: |  |
| Design Category: | Basic  Improved Liveability  Fully Accessible  High Physical Support  Robust |

Funding from other sources may be considered on a case-by-case basis

Please contact Housing Coordination Services to discuss prior to submitting the application.

Please indicate funding source if not funded by the National Disability Insurance Agency

|  |  |
| --- | --- |
| Funding body |  |
| Contact person |  |
| Contact phone number |  |
| Contact email |  |

**Section 6. Contact details**

## Primary contact person (if other than the applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Relationship to person requiring support | |  | |
| Address/Suburb/ Postcode | |  | |
| Daytime phone |  | Mobile phone |  |
| Email | |  | |

## Plan Nominee (if other than the applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Relationship to person requiring support | |  | |
| Address/Suburb/ Postcode | |  | |
| Daytime phone |  | Mobile phone |  |
| Email | |  | |

## Person completing this form (if other than the applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Organisation | |  | |
| Address/Suburb/ Postcode | |  | |
| Daytime phone |  | Mobile phone |  |
| Email | |  | |

## Support Coordinator

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Organisation | |  | |
| Daytime phone |  | Mobile phone |  |
| Email | |  | |

## Nominated person for further clarification/information

(Note: member of Housing Coordination Services 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 7. Summary Profile**

We want to help you find a new home where you are safe, supported, and happy. To do this, we collect, use and share the personal and health information you give us to help us learn about you. We do this so we can assist in determining if the vacancy you have applied for is suitable for you and to be sure that your support needs can be met if you are the successful applicant.

The information in this section will be shared with other residents at the property you have applied for, their family members, and others to provide information about you and to help them decide if they think that you will be a good match for the house. By giving us this information, you agree to let us share it with the other people we have mentioned.

**You don’t have to tell us this information if you don’t want to, but that might make it more difficult for us to determine if the vacancy is suitable for you.**

**Your name or other identifying information will not be shared.**

You can let us know if there are any particular people or services that you want us to share your information with, or any that you do not want us to share your information with.

|  |
| --- |
| 1. Tell us about yourself – What are your likes and dislikes, anything important that you would like your new housemates to know about you.  * Are you active? * Are you loud or quiet? * Do you like to socialise with others? * Do you like to be independent? |
|  |

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| --- |
| 1. What are your interests or hobbies? |
|  |

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| --- |
| 1. Do you need support with your religious and cultural beliefs? |
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| --- |
| 1. How do you communicate with others and how do you like to be communicated with |
|  |

|  |  |
| --- | --- |
| 1. Do you have any behaviours that other residents find disruptive? | Yes  No |
| Please describe: | |
|  | |

|  |  |
| --- | --- |
| 1. Are there any behaviours from others that you find unsettling? | Yes  No |
| Please describe: | |
|  | |

**Section 8. Understanding your support needs**

**Are you receiving support from funded providers or informal support from family and Friends?**

|  |  |
| --- | --- |
| Relationship of person or agency name  *Example: Parents* | Provide a detailed description of what people do to support  *Example: Physical assistance, prompting or supervision* |
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**Communication**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How do you communicate with others? (Check all that apply) | | | | | |
| Verbally |  | Key Word Sign (Makaton) |  | Electronic Communication Device (e.g., iPad, etc) |  |
| Non-verbal/vocalize |  | Point/gesture |  | PECS |  |
| Auslan |  | Non-Electronic Communication Aid (e.g., communication book or board, etc) |  | Other communication method |  |

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| --- |
| How do you express your feelings and understand others? |
|  |

|  |  |
| --- | --- |
| Have you had a communication assessment? – *If yes, please attach and provide details below* | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of assessment / report | Completed By | Date completed | Attached |
|  |  |  |  |
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**Activities of Daily Living**

|  |  |
| --- | --- |
| **Please indicate the level of support required to undertake the following tasks** | |
| 1. No help: | You are fully independent. You need no help to complete the task. |
| 2.No help but uses aids: | With aids, you can complete the task by yourself with no help. |
| 3.Prompting: | You need reminders or prompting to do the task |
| 4.Some support: | You need prompting or modelling, and some hand-over-hand support |
| 5.Full physical support: | You cannot complete the task without full physical support |

|  |  |  |
| --- | --- | --- |
| Activity | Please select based on the above table | Description of support required |
| Showering /bathing | Select 1-5 |  |
| Grooming | Select 1-5 |  |
| Dressing | Select 1-5 |  |
| Toileting | Select 1-5 |  |
| Eating | Select 1-5 |  |
| Cooking | Select 1-5 |  |
| Domestic tasks | Select 1-5 |  |
| Using money | Select 1-5 |  |
| Decision making | Select 1-5 |  |
| Accessing the community | Select 1-5 |  |
| Taking medication | Select 1-5 |  |

**Mobility**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Describe: | Ambulant  Non ambulant  Ambulant but uses Aids | | | |
| Do you use any equipment? | Yes  No | | | |
| Please select all that apply | Manual hoist |  | Walking frame |  |
| Overhead ceiling hoist |  | Power wheelchair |  |
| Manual wheelchair |  | Grab rails |  |
| Commode |  | Shower chair |  |

|  |  |  |
| --- | --- | --- |
| Do you need assistance using any equipment above? | | Yes  No |
| Will staff require training in its use? | | Yes  No |
| Do you have available funding in your plan for staff training specific to your support needs | | Yes  No |
| Do you require specific property features to assist with your mobility | | Yes  No |
| If yes please specify |  | |

**Getting around**

|  |  |  |  |
| --- | --- | --- | --- |
| How do you get around your community? | | | |
| Public transport |  | Private vehicle |  |
| Taxi |  | Walk |  |
| Bicycle |  | Other |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have any of the following? | | | | | | | |
| MYKI travel pass |  | Concession card |  | Multipurpose Taxi card |  | Companion Card |  |
| Other - Please specify: | |  | | | | | |

**Daytime and Overnight Support**

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| --- | --- |
| **Daytime** | |
| I require supervision or support at all times during the day |  |
| I require supervision or support during active times, e.g., when getting ready, mealtimes, bedtime |  |
| I can be on my own for short periods (1–2 hours)? |  |
| I can be on my own for longer periods (3+ hours)? |  |

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| **Overnight** | |
| Most of the time I do not need assistance when I am sleeping |  |
| I need assistance during the sleeping hours |  |

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| ***Active night support is needed for: (select all that apply to you)*** | | | | | | | |
| Peg feeding |  | Toileting |  | Unsettled |  | Seizure/medical |  |
| Pressure care |  | Behaviour |  | Repositioning |  | Other: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| How many nights per week do you usually need night-time support? | | | | | | | |
| 1-2 |  | 2-3 |  | 3-4 |  | 5+ |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Overnight, how long do you usually need support for? | | | | | | | |
| less than 30 min |  | 30 min-1hour |  | 1-2 hours |  | 2+ hours |  |

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| --- | --- |
| Have you had a Functional Capacity Assessment by an OT? – *If yes, please attach and provide details below* | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of assessment / report | Completed By | Date completed | Attached |
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**Health**

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| --- | --- | --- |
| Do you have any ongoing health, mental health or medical issues? | | Yes  No |
| If you indicated yes, please describe your condition and how this affects your life and your support needs. | | |
|  | | |
| Do you attend regular health appointments? | | Yes  No |
| What are these appointments for, and do you require support to attend, including transportation? | | |
|  | | |
| Do you take any medications or other treatments? | | Yes  No |
| If so, please provide details of your medication alternatively you can attach a recent treatment plan completed by your GP | | |
|  | | |
| Do you require the property to have specific features to manage any health conditions | | Yes  No |
| If yes please specify |  | |

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| --- | --- |
| Have you had a recent (within the last 12 months) Health Care assessment or Mental Health Care Plan,  *If yes, please attach and provide details below* | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of assessment / report | Completed By | Date completed | Attached |
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**Behaviour Support**

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| --- | --- | --- | --- | --- | --- | --- |
| Do you require support due to any of the following? | | | | | Yes  No | |
| Property damage |  | Enter others personal space (without consent) |  | Throw objects | |  |
| Hurt others |  | Self-harm |  | Verbally aggressive | |  |
| Substance use |  | Fire Lighting |  | Absconding (safety) | |  |
| Inappropriate sexual behaviours | | |  | Other (please provide details below) | |  |
| Other: | | | | | | |

**If you selected any of the above, please provide details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **Trigger** | **Frequency** | **Impact on self and others** | **Management Strategy** |
|  |  |  |  |  |
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| --- | --- | --- |
| Are you currently engaged with a Behaviour Support Provider? | | Yes  No |
| Do you have funding to engage a Behaviour Support Provider in your NDIS plan? | | Yes  No |
| Will staff require training in specific behaviour management strategies? | | Yes  No |
| Do you have available funding in your plan for staff training specific to your support needs? | | Yes  No |
| Do you require any specific features in the property to assist with positively supporting you to manage these behaviour(s)? | | Yes  No |
| If you answered yes to any of the above, please provide details: |  | |

**Behaviour Support Plan**

|  |  |
| --- | --- |
| Do you have any Behaviour Specialist Reports /plans, Behaviour Support Strategies, Risk Assessments or Human Relations Assessment? – ***If yes please detail below and attach*** | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of assessment / report | Completed By | Date completed | Attached |
|  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | Vocalise distress |  | Other |  |
| Not react |  | Follow instruction from staff |  | React physically |  |  |  |

**Day time activities**

|  |
| --- |
| What do you do during the daytime, Monday to Friday? If you participate in any daytime activities, workplace, education or training, please provide the names and addresses of the services you attend. |
|  |
| Are there any daytime activities you wish to explore or change in the future? |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please complete the schedule below. Include time and places | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Time leave |  |  |  |  |  |
| Time home |  |  |  |  |  |

|  |  |
| --- | --- |
| 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? | Yes  No |
| If so, please provide details | |
|  | |

**Other information**

|  |
| --- |
| Is there any other information you would like to add - If so, please provide details |
|  |

**Section 9. Consent and Declaration**

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| 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: |  |  | |

**Section 10. Completion Checklist**

Completed applications, together with SDA evidence and supporting documentation, should be submitted via email to Housing Coordination Services (listed in the property advertisement).

The information you have provided to us will be used to assess the applicant’s/your suitability for this vacancy and to progress the application if successful. This information will only be shared for this purpose, and only with those involved in assessing and progressing applications.

Please be aware that the information you have provided in Section 7 - Summary Profile will be shared with other residents at the property, their family members, and others to provide information about you and to help them decide if you will be a good match for the house. **Your name or other identifying information will not be shared.**

**IMPORTANT!**

|  |  |
| --- | --- |
| All sections of the application form are completed with as much detail as possible |  |
| Evidence of SDA and SIL funding eligibility is attached  *Excerpt from most current NDIS Plan (incl date), an email from my NDIA Planner/s)* |  |
| Relevant supporting documentation is attached  *(e.g., current occupational therapy assessment report, other allied health assessment reports, a behaviour assessment and plan, etc)* |  |
| Application form has been reviewed to ensure all information is current, and correct |  |
| Application form is signed and/or consent has been provided and recorded? |  |

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| To receive this document in another format, please email Housing Coordination Services <hcsenquiries@dffh.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Families, Fairness and Housing, August 2023.    In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation. |