

Supported Independent Living Application

About this application form

This form is to be used by National Disability Insurance Scheme (NDIS) participants wishing to apply for a vacancy in Supported Independent Living (SIL).

Who can apply for SIL vacancy?

- A person who is a NDIS participant and has eligibility for SIL Daily activities confirmed in their approved NDIS plan.
- A person who is waiting for their eligibility for SIL to be confirmed by the NDIA (either waiting on a plan review or outcome of assessment for SIL eligibility).

Important information for applicants / support network / support coordinators

- The application should be accompanied by documentation that supports statements about the applicant's support needs, for example therapist's reports, adaptive behaviour assessment or behaviour support plan.
- Completed applications, including SIL application form, signed consent page and any supporting documentation.
- Insufficient or inaccurate information may impact on the offer of residency, including withdrawal of offers made on the basis of inaccurate information provided in the application form.
- Applicants will be advised if they are the preferred applicant for the vacancy,

For further information or assistance

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Supported Independent Living Application

Section 1: Applicant information

Date of application: _____

Property ID (Property ID is available from the flyer or Housing Hub): _____

First name			Surname		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of birth		
Address/Suburb / Postcode					
Daytime phone			Mobile phone		
Email					
Primary disability			Other disability		
Preferred language			Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indigenous Status	Aboriginal & Torres Strait Islander <input type="checkbox"/> Not Aboriginal and Torres Strait Islander <input type="checkbox"/> Aboriginal and not Torres Strait Islander <input type="checkbox"/> Not applicable <input type="checkbox"/>				
National Disability Insurance Scheme (NDIS) Plan status	NDIS Participant number: _____ <div> <div> Do you have a NDIS Plan? <input type="checkbox"/> Yes (plan approval date: _____) Please attach a copy of plan <input type="checkbox"/> No If No, please specify reason (i.e.. still seeking SIL/ SDA eligibility, still waiting for a plan or still waiting for a plan review): </div> <div> Is Specialist Disability Accommodation (SDA) eligibility confirmed in your approved NDIS plan? <input type="checkbox"/> Yes If Yes, please specify SDA Building type: SDA Design category: <input type="checkbox"/> No </div> </div>				
Support Co-ordinator's details if applicable	Name				
	Organisation name				
	Phone number				
	Email address				

Section 2: Primary contact person (if other than the applicant)

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

Section 3: Person completing this form (if other than the applicant)

First name	Surname
Relationship to person requiring support	
Organisation	
Daytime Phone	Mobile phone
Email	

Section 4: Nominated person for further clarification/information

First name	Surname
Relationship to person requiring support	
Organisation	
Daytime Phone	Mobile phone
Email	

Section 5: Understanding about you

5.1 Tell us about yourself – (i.e what are your likes and dislikes, anything important that SDA and Independent Living Skill providers should know about you)

5.2 How would someone you know describe your personality?

5.3 Do you have any particular interests or hobbies?

5.4 Do you have any preferences about who you would like to live with (i.e gender, age, interests, or cultural background)

5.5 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 ☐ Financial Administrator

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

Section 6: Understanding your housing and living situation

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

- ☐ Currently homeless or living in temporary or interim accommodation.
- ☐ There are significant risk factors for either the applicant or their family/carer (For example: 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.

6.2 Please describe your current living arrangement (i.e: With family, living independently, Specialist Disability Accommodation (SDA), Supported Residential Services (SRS), Nursing Home, rehabilitation or hospital setting, other)

6.3 Please describe your previous living arrangement(s) over the last five years if your living arrangement changed from above

6.4 How are other people currently assisting with your support needs? Do you receive any formal support from service provider/s or informal support from your family and friends?

Relationship of person or agency name	Provide a detailed description of what people do to support
i.e. support worker	Physical assistance, prompting or supervision

Section 7: Understanding your support needs

7.1 Communication

How do you prefer to communicate

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

How do you express your feelings and understand others?

If you are non-verbal, how do you make your needs known?

Have you had a communication assessment? ☐ Yes ☐ No If yes, please attach
 If yes : Who completed the assessment : Date :

7.2 Daily living skills

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

Please attach any relevant assessments and or reports

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:
Do you need assistance using any equipment above?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe:
Will staff require training in its use?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe:

7.3 Day and night time support

Please attach any relevant assessments and or reports

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)

- ☐ Peg feeding ☐ Toileting ☐ Unsettled ☐ Seizure/medical
☐ Pressure care ☐ Behaviour ☐ Repositioning ☐ 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

7.4 Health

Please attach any relevant assessments and or reports

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? Does anyone usually go with you? Do you need support to attend appointments?

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:

7.5 Behaviour Support

Do you require support due to any of the following behaviours?

- | | | |
|--|--|--|
| <input type="checkbox"/> property damage | <input type="checkbox"/> refusal to take medication | <input type="checkbox"/> absconding/ leaving the residence |
| <input type="checkbox"/> hurt others | <input type="checkbox"/> throw objects | <input type="checkbox"/> verbally aggressive |
| <input type="checkbox"/> enter others rooms | <input type="checkbox"/> self-harm/ self-injurious behaviour | |
| <input type="checkbox"/> sexualised behaviour | <input type="checkbox"/> enter others personal space (without consent) | <input type="checkbox"/> other: |
| <input type="checkbox"/> I have no behaviours of concern that require specific support | | |

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)

Do you do anything that other people you live with might find disruptive? (For example, making loud noises, entering other people's personal space or showing lack of awareness of public versus private space)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Remove self | <input type="checkbox"/> Alert staff | <input type="checkbox"/> Follow instruction from staff |
| <input type="checkbox"/> Not react | <input type="checkbox"/> Vocalise distress | <input type="checkbox"/> React physically |
| <input type="checkbox"/> Other: | | |

Comments:

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

Behaviour	What are the triggers (when, where, setting, who is around)?	Why the behaviour is occurring?	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?

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:

Do you have a risk assessment relating to any of your behaviours or support needs (i.e fire risk assessment)?

☐ Yes ☐ No

If yes, please attach

Who completed the assessment?

Date:

7.6 Getting around

Please refer to any relevant assessments and or reports

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.

7.7 Vocational

What do you do during the daytime, Monday to Friday? If you participate in any day time activities, workplace, education or training, please provide the names and addresses of the services you attend.

Are there any day time activities you wish to explore or challenge in the future?

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 the above activities? What support do you need to travel?					
Are there activities you regularly do on Saturday and Sunday? If so, please provide details					
7.8 Other information					
Is there any other information you would like to add?					

Section 8 Consent and Declaration

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: _____