

SDA Expression of Interest Form

Melbourne Disability Services PTY. LTD.

**Which location are you interested in?**

[ ]  Craigieburn [ ] Mickleham [ ] Sunbury [ ] Preston

|  |
| --- |
| **1. APPLICANT DETAILS**  |
| Name |   |
| Date of birth |   |
| Gender |  [ ] Male [ ] Female [ ]  Other  |
| Address |   |
| Phone |  H:  |  M:  |
| Email  |   |
| Primary Disability |  |
| Other disability(Including hearing or vision impairments) |   |
| Indigenous status |  [ ] Yes [ ] No |
| Ethnicity |   |
| Interpreter required |  [ ] Yes [ ]  No |
| Country of birth |  |
| Preferred language |  |
| Where do you currently live?  | [ ]  with family[ ]  with friends [ ]  Hospital [ ]  Alone in home (rental)[ ]  Nursing home/residential aged care[ ]  Alone in your home (privately purchased)[ ]  Group home shared supported accommodation[ ]  Boarding house / supported residential services (SRS)[ ]  Nursing home/residential aged care[ ]  Nursing home/residential aged care[ ] Other – Please provide details:  |
| What is your main source of income?  | [ ]  Disability / Other pension[ ]  Income insurance / other compensation[ ]  Paid work [ ]  Private income [ ]  Other – Please provide details:  |
| **2. DETAILS ABOUT PERSON COMPLETING THIS FORM** |
| Full Name |  |
| Relationship to person |  |
| Address |  |
| Phone | H: | M:  |
| Email  |  |
| **3. COMMUNICATING WITH YOU**  |
| How would you like us to contact you (applicant) about your expression of interest?  | [ ]  Contact me (applicant) via my specified details[ ]  Contact someone else (please specify)  |
| Their name |  |
| Relationship to you |  |
| Preferred contact method |  |
| Phone number |  |
| Email address |  |
| Postal address |  |
| **4. LIVING IN MDS ACCOMMODATION**  |
| If you were successful in being selected, which living arrangements would you be comfortable with?  | [ ]  Alone [ ]  Sharing with one other (Male)[ ]  Sharing with one other (Female) [ ]  Sharing with one other (No gender preference)[ ]  Other – please provide details: |
| What are the main reasons you are interested in applying to live in this housing?  |  |
| What do you want to do more of by yourself?  |  |
| **5. NDIS STATUS**  |
| What is your current NDIS status?  | [ ]  NDIS participant with current plan[ ]  NDIS participant waiting of planning meeting[ ]  Not eligible  |
| NDIS number (if applicable) |  |
| What housing supports are in your current plan?  | [ ] Specialist Disability Accommodation (SDA) approval (If you have SDA approval, what design category do you have?)[ ]  High Physical Support[ ]  Robust[ ]  Full Accessible [ ]  Improved liveability[ ]  Basic [ ]  Not sure  |
| **6. UNDERSTANDING MORE ABOUT YOU** |
| How do you talk to and understand others?  | [ ]  I can talk with and understand other people without help[ ]  I can talk with and understand other people with help because of speech difficulties or lack of confidence [ ]  I can talk with and understand other people with help to keep me on track, to remember what’s been said and to say the right things (cognitive communication difficulties) [ ]  I am unable to talk, so I use a communication device Please write the details here about the help you need for this area: |
| How do you walk or get around?  | [ ]  I can walk without help [ ]  I can walk with some help from a person to keep me safe[ ]  I can walk with equipment (such as crutch, cane etc) [ ]  I used a wheelchair  [ ] Manual  [ ] Power/electric  |
| How do you transfer? | [ ]  I can transfer by myself [ ]  I can transfer with supervision from someone watching close by[ ]  I can transfer with physical help from one or two other people[ ]  I can transfer with a hoist and help from someone [ ]  I can transfer with a hoist and help from two other people Please write the details her about the help you need for this are: |
| **DAILY LIVING SKILLS** |
| **The more information you give about your support requirements, the easier it is to identify a place that would be suitable to you**. **For each task please describe the support you need and any equipment you use in the task.** As an example of what you might include for showering or bathing:* **Describe:** Do you prefer a bath or shower? Morning or night or both? Before or after meals? How many people help you to complete your routine?

**Equipment:** Do you need a shower chair, a rubber mat or other aids such as a ceiling hoist? |
| 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. |
| Showering / bathing |  [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| General Decision Making | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Toileting | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Grooming | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Dressing | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Taking medication | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Cooking | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Eating | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Using money | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Shopping | [ ] No help [ ] No help but uses aids [ ] Prompting [ ] Some support  [ ] Full physical support |
| Comments |  |
| Please list all the equipment you use to increase your independence |  |
| Do you have any medical support needs? | [ ]  Complex bowel care [ ]  Enteral feeding management [ ]  Catheter care[ ]  Subcutaneous Injections [ ]  Other – Please provide details:  |
| Are you a smoker? | [ ]  Yes [ ]  No  |
| Do you have a pet? | [ ]  Yes [ ]  NoIf yes, how many and what type of pet:  |
| How many hours of 1:1 funded support do you have per day?  |  Approximate hours per day: *(Please don’t include group activities or shared support within a group environment)*  |
| How much help do you get from a family, friends or other people in your community per day?  | Approximate hours per day:Please provide the details here about the help that you get:  |
| What everyday devices do you need help with? | [ ]  Laptop/computer[ ]  Tablet/mobile[ ]  TV remote [ ]  Room temperature remote[ ]  Alert system (eg buzzer)[ ]  Other – Please provide details:  |
| What home design and technology would you benefit from as way to live more independently? | [ ]  Emergency communication system[ ]  Home automation to assist you with opening doors, blinds etc[ ]  Widened doorframes, specious rooms[ ]  Adjusted bench heights[ ]  Bathroom modifications [ ]  Ceiling hoist[ ]  Other – Please provide details: |
| Do any of these statements describe you? | [ ]  I have trouble controlling my anger[ ]  I can act out without thinking and regret it later[ ]  I can swear in situations when I’m not supposed to[ ]  I can do or say things that make other people feel uncomfortable [ ]  I have trouble understanding things from other people’s point of view [ ]  I have trouble remembering what people tell me and this can lead to arguments[ ]  I am unable to tell people exactly what is making me upset[ ]  Certain words or situations will make me angryPlease describe any issues or behaviours that have made it hard for you to live where you are now:  |
| Do you have a Behaviour Support Plan (BSP) that helps you manage these issues? | [ ]  Yes [ ] No Please write a summary here about how you manage these issues: |
| Do you need staff support to be immediately available to you when you are alone or don’t have enough 1:1 support (day and/ or night)?  | [ ]  Yes [ ] No Please write here why you need this support:  |
| **7. DAY AND NIGHT SUPPORT**  |
| What do you do during the daytime, Monday to Sunday? Please complete your schedule below. Include times and places: |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Time leavehome (AM) |  |  |  |  |  |  |  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Time arrive home (PM) |  |  |  |  |  |  |  |
| Please provide the names and addresses of the services you attend including your day program and employment. |  |
| Do you require night support? If so, please explain what this involves. |  |
| How many nights per week do you usually need night-time support? |  |
| How many times during the night do you need support? | [ ] 1–2 [ ] 2–3 [ ]  3–4 [ ]  5+ |
| During these times, how long do you usually need support for? | [ ] Less than 30 min [ ] 30 min – 1 hour [ ] 1–2 hours [ ] 2+ hours |
| **8. YOUR HOUSING JOURNEY** |
| **What other housing have you tried or looked at that hasn’t been suitable? Why?** Please write details here: |
| **9. CONSENT**  |
| I have been informed and consent to the use of information in this form for the purposes of an application for accommodation options. I understand that this information may also be seen by internal people making decisions about a vacancy. |
| Participant/Representative signature  |  |
| Name of person signing |  |
| Relationship to the participant, if not the participant  |  |
| Date  |  |
| **Checklist**  |
| [ ] Attached a copy of your NDIS plan [ ] You have attached other supporting documentation such as your Behaviour Support Plan, Medical reports or Allied health reports |
| **You can submit this form by post or email:*** **Email:** sda@melbournedisabilityservices.com
* **Post:** 219/150 Pascoe Vale Road, COOLAROO VIC 3048
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