Logo, company name

Description automatically generated

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  No  If 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 angry  Please 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 leave  home (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 | | | | | | | | | |