SIL Expression of Interest Form

Melbourne Disability Services PTY. LTD.

Which location are you interested in?

☐ Craigieburn ☐ Mickleham ☐ Sunbury ☐ Preston ☐ Other_____

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 MDS 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?	☐ None ☐ 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 (if any)	
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
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:** sil@melbournedisabilityservices.com
- **Post:** 304/150 Pascoe Vale Road, COOLAROO VIC 3048