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| SDA application formApplies to: Aged and Disability Care |  |
| Purpose | This form is to be used for a person to apply for a position in specialist disability accommodation (SDA).  |
| Instructions | Please provide the information in each section below then email this form to sdapropertyenquiries@zenitas.com.au  |
| **Application date** | Click or tap to enter a date. | **Preferred property** *(if known)* | Click or tap here to enter text. |
| Applicant contact details |
| Customer name | Click or tap here to enter text. |
| Address |  Click or tap here to enter text.  |
| **State** | Choose an item. | **Postcode** | Enter text here. |
| **Email** | Click or tap here to enter text. | **Phone** | Enter text here. |
| **Date of birth** | Choose a date. | **Gender identity** | Click or tap here to enter text. |
| **Primary diagnosis** | Click or tap here to enter text. | **Secondary diagnoses** | Click or tap here to enter text. |
| **Do you identify as Aboriginal or Torres Strait Islander?** |
| [ ]  Yes, Aboriginal | [ ]  Yes, Torres Strait Islander | [ ]  Yes, both Aboriginal and Torres Strait Islander | [ ]  No |
| **What is your preferred language?** | Click or tap here to enter text. | **Do you need an interpreter?** | [ ]  Yes | [ ]  No |
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| **Are you an NDIS participant?** | [ ]  Yes | [ ]  No | **NDIS participant number** | Click or tap here to enter text. |
| **Do you have an NDIS plan?** | [ ]  Yes | [ ]  No | **If no, please explain why** | Click or tap here to enter text.*e.g. plan review, need SDA eligibility confirmation* |
| **Is Specialist Disability Accommodation eligibility confirmed in your approved NDIS plan?**  | [ ]  Yes | [ ]  No | *If no, you will need to request a plan review or seek your SDA eligibility confirmation urgently* |
| **If yes, please specify the SDA Building Type** | Click or tap here to enter text. |
| **If yes, please specify the SDA Design Category** | Click or tap here to enter text. |
| **If yes, please provide the SDA funding amount approved in the plan** | Click or tap here to enter text. |
| **Support coordinator**  | Click or tap here to enter text. | **Organisation** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. | **Phone** | Enter text here. |
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| **Primary contact person**  | Click or tap here to enter text. | **Relationship or Organisation** | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| **State** | Choose an item. | **Postcode** | Enter text here. |
| **Email** | Click or tap here to enter text. | **Phone** | Enter text here. |
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| **Person completing this form**  | Click or tap here to enter text. | **Relationship or Organisation** | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| **State** | Choose an item. | **Postcode** | Enter text here. |
| **Email** | Click or tap here to enter text. | **Phone** | Enter text here. |
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| **Contact person for additional information**  | Click or tap here to enter text. | **Relationship or Organisation** | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| **State** | Choose an item. | **Postcode** | Enter text here. |
| **Email** | Click or tap here to enter text. | **Phone** | Enter text here. |
| Your current housing and living situation |
| **Do any of the following apply to you?** |
| [ ]  I am currently homeless or living in temporary or interim accommodation[ ]  There are risk factors for me or my family or current carer (such as acts of harm or violence resulting in injury)[ ]  My family or current carer is ageing or has health concerns and can no longer offer me the support I need |
| **Please describe your current living situation.**  |
| [ ]  With family[ ]  Living independently[ ]  Another SDA[ ]  Supported residential services (SRS) | [ ]  Nursing home [ ]  Rehabilitation[ ]  Hospital[ ]  Other *(please specify)* Enter text here. |
| **Please describe your previous living arrangements over the past 5 years *(if different from above)*.**  |
| Click or tap here to enter text. |
| **About you** |
| Do you have a housemate preference? *(e.g.: gender, age, interests, cultural background)* | Click or tap here to enter text. |
| Please tell us about your personality: | Click or tap here to enter text. |
| Please tell us about your hobbies and interests: | Click or tap here to enter text. |
| Your current support needs*Please attach any relevant assessments or reports* |
| **Current support** |
| How do other people currently assist with your support needs? Do you have any formal support from service providers? What informal support do you have from family and friends? |
| **Person or agency name***(e.g.: my parents)* | **Description of support provided***(e.g.: physical assistance with toileting)* |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. |
| **Communication**. |
| How do you prefer to communicate? Please select all preferences. |
| [ ]  Verbally[ ]  Auslan[ ]  Makaton | [ ]  Non-verbally with vocalisations[ ]  Point and gesture[ ]  iPad | [ ]  PECS[ ]  Other methods *(please specify)* Enter text here. |
| Have you had a communication assessment? | [ ]  No | [ ]  Yes Who completed this assessment?Enter text here.Date of assessment: Choose a date.*Please attach a copy of your report then check this box:* [ ]   |
| How do you express your feelings? | Click or tap here to enter text. |
| How do you understand others? | Click or tap here to enter text. |
| If you communicate non-verbally, how do you make your needs known? | Click or tap here to enter text. |

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| **Daily living skills**. |
| Please tell us about the level of support you need to do the following activities.  |
| Use the following descriptions to choose the best level of support for each activity.* **No help** means you are fully independent and need no help from another person to complete the activity.
* **Uses aids** means you don’t need help from another person, and you use an aid to do the activity by yourself
* **Prompting** means you need another person to give you reminders during the activity
* **Some support** means you need another person to prompt you, model the activity and give a you some hands-on support
* **Full support** means you need another person to physically help you do the activity
 |
| **Activity** | **Support** | **No help** | **Uses aids** | **Prompting** | **Some support** | **Full support** | **Please describe the support you need with this activity** |
| **Showering and bathing** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Grooming** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Dressing** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Toileting** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Eating** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Cooking** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Domestic activities** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Using money** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Decision making** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Taking medication** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |
| **Mobility** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click or tap here to enter text. |

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| Do you use any equipment?*This includes things like a hoist, walking frame, wheelchair, a commode, hearing aids and glasses* | [ ]  No | [ ]  Yes *Please describe the equipment you us*e:Click or tap here to enter text. |
| If you use equipment, do you need assistance to use the equipment? | [ ]  No | [ ]  Yes *Please describe the assistance you need*:Click or tap here to enter text. |
| If you need assistance to use equipment, will staff require specific training to help you use the equipment? | [ ]  No | [ ]  Yes *Please describe the training staff will need*:Click or tap here to enter text. |
| **Day and night supports**. |
| Which of the following best describes the support you need during the day? |
| [ ]  I need support or supervision at all times during the day[ ]  I need support or supervision during active times of the day, such as getting ready, meals and bed time  |
| How long can you be on your own for?  | [ ]  Not at all | [ ]  1 to 2 hours | [ ]  3 hours or more |
| Which of the following best describes the support you need at night? |
| [ ]  Most of the time, I do not need support when I am sleeping[ ]  I need support during sleeping.  |
| Which of the following do you need support with at night? |
| [ ]  PEG nutrition[ ]  Pressure care or repositioning[ ]  Toileting | [ ]  Settling[ ]  Behaviour[ ]  Seizures or medical needs | [ ]  Other needs *(please specify)*Enter text here. |
| How many nights per week do you usually need night support?  | [ ]  1 or 2 | [ ]  2 to 3 | [ ]  3 to 4 | [ ]  5 and over |
| During nights, how long do you usually need support for?  | [ ]  less than 30 minutes | [ ]  30 minutes to 1 hour | [ ]  1 to 2 hours | [ ]  2 hours or more |

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| **Health** |
| Do you have any ongoing health, mental health or medical issues? | [ ]  No | [ ]  Yes *Please describe your condition(s) and how this affects your life and your support needs*:Click or tap here to enter text. |
| Do you have a chronic disease management plan, a mental health care plan or any other medical plans? | [ ]  No | [ ]  Yes *Please attach a copy of any relevant health care plans then check this box:* [ ]   |
| Do you take any medications or have any treatments? | [ ]  No | [ ]  Yes *Please attach details of your medications and any treatment plans then check this box:* [ ]   |
| Do you smoke? | [ ]  No | [ ]  Yes  |
| Do you attend any regular health appointments? | [ ]  No | [ ]  Yes *Please list what each appointment is for, who it is with when it occurs and where it is held, if anyone usually attends with you and if you need support to attend*:Click or tap here to enter text. |
| Do you have a recent occupational therapy report? | [ ]  No | [ ]  Yes Who completed this assessment?Enter text here.Date of assessment: Choose a date. *Please attach a copy of your report then check this box:* [ ]   |
| **Getting around** |
| Do you need help to get around your community? | [ ]  No | [ ]  Yes *Please describe the help you need (e.g.: help with steps and uneven surfaces, getting into and out of vehicles)*:Click or tap here to enter text. |
| When you are out in the community, do you need any one-to-one support from a dedicated person? | [ ]  No | [ ]  Yes  |
| What mode of transport do you mainly use to travel to and from places? | Click or tap here to enter text. |
| Do you have any of the following? | [ ]  Annual travel ticketExpiry: Choose a date. | [ ]  Concession card | [ ]  Taxi card | [ ]  Other transport card *(please specify)* Enter text here. |
| Do you need help to use public transport, taxis and other transportation? | [ ]  No | [ ]  Yes *Please describe the help you need (e.g.: help reading timetables, help planning a journey, getting into and out of vehicles)*: Click or tap here to enter text. |
| **Vocation** |
| What do you do during the day on weekdays (Monday to Friday)?*If you regularly participate in any daytime activities, work, education or training, please provide the names and addresses of places you attend.* | Click or tap here to enter text. |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Activity name** | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| **Time leave** | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| **Time home** | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| **Travel method** | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| **Support needs** | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| Do you do any regular activities on Saturdays or Sundays? | [ ]  No | [ ]  Yes *Please provide details of your weekend activities, including names, location, start and finish times, travel methods and support needs:*Enter text here. |
| Are there any daytime activities you would like to do or explore in the future? | Click or tap here to enter text. |

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| **Behaviour support** |
| Do you have a recent history of behaviours for which you require support? | [ ]  No | [ ]  Yes –  *please check the box beside the behaviours below.* |
| [ ]  Property damage[ ]  Hurting others[ ]  Throwing objects[ ]  Sexualised behaviours[ ]  Verbal aggression [ ]  Self-harm or self injury | [ ]  Refusing to take medications[ ]  Entering others’ rooms [ ]  Entering others’ personal space without consent[ ]  Absconding or leaving the residence without notice | [ ]  Other behaviour *(please specify)*Enter text here. |
| Please tell us more about behaviours that you need support with. |
| **Behaviours** | **What is the purpose of the behaviour?** | **What triggers the behaviour?** | **How often does it occur?** | **What is the impact of the behaviour for you?** | **What works well to reduce the chance of the behaviour occurring?** |
| Click or tap here to enter text. | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| Click or tap here to enter text. | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| Click or tap here to enter text. | Enter text here. | Enter text here. | Enter text here. | Enter text here. | Enter text here. |
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| Do you have a behaviour support plan? | [ ]  No | [ ]  Yes *Please attach a copy of your plan then check this box:* [ ]   |
| Do you have a human relations assessment? | [ ]  No | [ ]  Yes Who completed this assessment?Enter text here.Date of assessment: Choose a date. *Please attach a copy of your assessment then check this box:* [ ]   |
| Do you have a risk assessment for any of your behaviours or behaviour support needs? *(e.g.: fire or evacuation risk assessment)* | [ ]  No | [ ]  Yes Who completed this assessment?Enter text here.Date of assessment: Choose a date. *Please attach a copy of your assessment then check this box:* [ ]   |
| Do you do anything else that other people living with you might find disruptive? | [ ]  No | [ ]  Yes *Please check the box beside the behaviours below.* |
| [ ]  Removing yourself from conversations or groups[ ]  Not reacting when spoken to[ ]  Alerting staff | [ ]  Vocalising loudly when distressed[ ]  Ignoring directions from staff[ ]  Reacting physically | [ ]  Making loud noises[ ]  Other behaviour *(please specify)* |
| How would you react if someone you lived with acted in a way you found disruptive? *For example, if a person disturbing a quiet environment, someone showing a lack of awareness of public versus private space, a housemate coming into your personal space.* | Click or tap here to enter text. |
| Is there anything else you’d like to tell us about the behaviour supports you need?Click or tap here to enter text. |

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| 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 an SDA vacancy
* For statistical reporting (information is de-identified)

\* Your representative may 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** |
| 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. |
| Name | Click or tap here to enter text. | **Date** | Choose a date. |
| Signature | Click or tap here to enter text. |  |
| If you are signing as a representative of the person applying for specialist disability accommodation with Claro ACARES, please provide your relationship to the person: Click or tap here to enter text. |
| **Verbal consent***This section is 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. |
| **Name of person providing verbal consent**  | Click or tap here to enter text. | **Relationship or Organisation** | Click or tap here to enter text. |

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| Claro ACARES Approval  |
| Name | Click or tap here to enter text. |
| Role | Click or tap here to enter text. | **Date** | Choose a date. |
| Signature | Click or tap here to enter text. |  |