

SUPPORTED INDEPENDENT LIVING (SIL) APPLICATION FORM

1. Applicant Personal Details (Please tick in the box)										
Name										
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other, please specify							
Primary Disability										
Indigenous Status	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> None						
Ethnicity										
Interpreter needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language							
Address							Post Code			
Daytime Phone					Email					
NDIS Status	NDIS Number:									
	NDIS Plan Start Date:			Plan End Date						
Date of Birth					Age					
Other Disability										
Country of Birth					Preferred Language					
2. Primary Contact (if Different than above)										
Name										
Relationship										
Phone										
Email										
Address										
Organization (if applicable)										
3. Person completing this Form										
Name										
Relationship to Applicant										
Phone										
Email										
Address										
Organization (if applicable)										

4. Understanding Applicant's Current Living Situation			
Please tick one box below to tell us where you currently live:			
<input type="checkbox"/> Placement under care of the Minister	<input type="checkbox"/> Children's Respite Unit	<input type="checkbox"/> Foster Family	
<input type="checkbox"/> Family Home	<input type="checkbox"/> Own Home (Private Resident)	<input type="checkbox"/> Group Home	<input type="checkbox"/> Adult Respite Centre
<input type="checkbox"/> Large Residential Centre	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community Housing	<input type="checkbox"/> Boarding House
<input type="checkbox"/> Residential Aged Care Facility	<input type="checkbox"/> Mental Health Facility	<input type="checkbox"/> Other	
When do you anticipate requiring accommodation support?			
<input type="checkbox"/> Immediately	You would accept an offer of accommodation support in selected locations if made to you now.		
<input type="checkbox"/> Future	You don't want to accept an offer of accommodation support now and would like to be on a waiting list.		
Why do you need a accommodation support?			
Who do you live with?	<input type="checkbox"/> Family	<input type="checkbox"/> Alone	<input type="checkbox"/> Other
Do you have a carer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name (if yes)
Do you have a decision Maker? Please Provide your decision maker's name, phone number, organization (if Relevant)	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	<input type="checkbox"/> Legal Guardian appointed by VIC Guardianship Tribunal		
	<input type="checkbox"/> Family Member		
	<input type="checkbox"/> Friend		<input type="checkbox"/> Other
	Name		Phone
Organization (if applicable)			
Are you currently on a Housing Pathways (Public Housing) waiting list?	<input type="checkbox"/> Yes	Agency Name	
	<input type="checkbox"/> No	<input type="checkbox"/> No, but intending to apply.	
Do you have an informal support network?	<input type="checkbox"/> Yes	Describe	
	<input type="checkbox"/> No	<input type="checkbox"/> No, but I am able and interested in developing one.	

5. Daily Living Skills					
<p>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.</p> <p>As an example of what you might include for showering or bathing:</p> <ul style="list-style-type: none"> • 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 tasks				
Uses aids:	With aids, you can complete the tasks by yourself with no help.				
Prompting:	You need reminders or prompting to do the tasks.				
Some Support	You need prompting or modelling, and some hand-over-hand support.				
Full Support	You cannot complete the task without full physical support.				
Showering/bathing	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
General Decision Making	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
Toileting	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
Grooming	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
Dressing	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
Taking Medication	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
Cooking	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
Eating	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					
Using Money	<input type="checkbox"/> No help	<input type="checkbox"/> Uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some Support	<input type="checkbox"/> Full Support
Comments					

6. Day and Night Supports							
What do you do during the daytime, Monday to Sunday? Please complete the schedule below. Include times and places.							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time leave							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Return							
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 night do you need support			<input type="checkbox"/> 1-2 times	<input type="checkbox"/> 3-4 times	<input type="checkbox"/> 5-6 times	<input type="checkbox"/> 6+ times	
During these times, how long do you usually need support for?			<input type="checkbox"/> Less than 30 mins	<input type="checkbox"/> 30min – 1 hour	<input type="checkbox"/> 1 – 2 hour	<input type="checkbox"/> 2 hours +	

7. Getting Around	
Do you need help to get around your community? If so, describe the assistance you need.	
When you are out in the community as a part of a group, do you need one-on-one support from a dedicated person to help you? Can you explain please?	
What transport do you mainly use to travel to and from places?	
Do you need help to use public transport, taxis and other transport? If yes, please give details.	

8. Health & Wellbeing			
How do you express your feelings? <i>(For example, when you are not happy with a situation, how does your family/carer support you?)</i>			
Do you use any communication aids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify, if yes
How do you understand others?			
Do you have a communication assessment?	<input type="checkbox"/> Yes (Please attach a copy)	<input type="checkbox"/> No	
Do you have an ongoing medical need?	<input type="checkbox"/> Yes, please explain below	<input type="checkbox"/> No	

<i>(If yes, please describe them and how they affect your life and support needs.)</i>			
Do you attend regular health appointments? <i>(If so, what are your appointments for, how often do you attend and where do you go?)</i>	<input type="checkbox"/> Yes, please explain below	<input type="checkbox"/> No	
Do you need support to go?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a health or medical care plan	<input type="checkbox"/> Yes (Please attach a copy)	<input type="checkbox"/> No	
Have you done any actions that people in your life have thought is harmful or dangerous to yourself or others?	<input type="checkbox"/> Yes, please explain below	<input type="checkbox"/> No	
Where possible, for each action you have identified please provide information on the following:			
<ul style="list-style-type: none"> • What are you expressing through this action? • How often does it occur (e.g. twice a day, five times a week)? • Where do you tend to do this action? 			
Action	What are you Expressing?	How often does it occur?	Where does it occur?
What happens after these situations? How do you feel? Is there an impact on other people, or things?			
What works well and what doesn't work well to reduce these actions from occurring?			
Have you ever been supported using a Behaviour Support Plan?	<input type="checkbox"/> Yes (Please attach a most recent copy)		
	<input type="checkbox"/> No – But I would benefit from one.		
	<input type="checkbox"/> No – I do not require one.		
Have you partaken in assessments conducted by professionals i.e. Psychologist, Psychiatrist, Occupational Therapist, Speech Therapist	<input type="checkbox"/> Yes (Please attach a most recent copy)		
	<input type="checkbox"/> No – But I would benefit from one.		
	<input type="checkbox"/> No – I do not require one.		

9. Where do you want supports or want to live?	
What is important to you in your day?	
Do you have any preferences about who you would like to live with?	
How would you react if someone you lived with acted in a way you found disruptive?	
Do you do anything that other people might find disruptive?	

Would you live in suitable accommodation outside of the areas you prefer?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Would you change location of your day supports if suitable accommodation was available?	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes
Additional Comments	

Consent to Register and Share Information			
<p>You and your decision maker must provide consent for the application of supports and information provided in the application to be used in the following ways:</p> <ul style="list-style-type: none"> To create a file (electronic and/or paper) To decide about application Seen by internal people when making decisions about a vacancy <p>Your decision maker could be primary carer, a family member, friend, advocate or an appointed guardian.</p>			
Written Consent			
<p>I have been informed and consent to the use of information in this application for the purposes of an application for accommodation options. I understand that this information may also be used in consideration and allocation of supports and will be seen by internal people making decisions about a vacancy.</p> <p>Name: Signed: Date:</p> <p>If signed by a decision maker, please state your relationship to the applicant:</p>			
Spoken consent only to be used where it is not practicable to obtain written consent and witnessed where possible			
<p>I have discussed the purpose and disclosure of this information with the applicant or their decision maker and 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.</p> <p>Spoken/signing consent provided to: Date:</p>			
Details of the Person:			
Person/Practitioner Name		Position	
Organization		Relationship to person with disability unable to give consent	
Details regarding consent			
Name of person giving consent		Signature and Date	

Checklist	
<input type="checkbox"/>	You have completed all areas of detail
<input type="checkbox"/>	You have completed all sections of the form
<input type="checkbox"/>	You have attached supporting documents such as your Behaviour Support Plan, Medical Reports or Allied Health Reports.