

SDA Application Form

This form is to be used for a person to apply for a position in specialist disability accommodation (SDA). Please provide the information in each section below, then email this form and attachments to sda@projectfriday.com.au

1. Application date and property information

Application date (Day / Month / Year)

/ /

Preferred property (if known)

2. Applicant details

Customer name

Email

Address

Suburb

Postcode

State

Phone (include area code)

Gender identity

Date of birth

/ /

Primary diagnosis

Secondary diagnoses

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?

Do you need an interpreter?

Yes

No

NDIS

Are you an NDIS participant?

Yes No

Do you have an NDIS plan?

Yes No

NDIS participant number

If no, please explain why? (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

If yes, please specify the SDA Design Category

If yes, please provide the SDA funding amount approved in the plan

Do you receive the Disability Support Pension?

Yes No

If yes, amount per fortnight

Do you receive the Commonwealth Rental Assistance?

Yes No

If yes, amount per fortnight

Support coordinator

Organisation

Email

Phone (include area code)

Primary contact personPhone *(include area code)*

Relationship or Organisation

Address

Suburb

Postcode

State

Email

Person completing this formPhone *(include area code)*

Relationship or Organisation

Address

Suburb

Postcode

State

Email

Contact person for additional informationPhone *(include area code)*

Relationship or Organisation

Address

Suburb

Postcode

State

Email

3. 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

Supported residential services (SRS)

Hospital

Living independently

Nursing home

Other *(please specify below)*

Another SDA

Rehabilitation

Please describe your previous living arrangements over the past 5 years *(if different from above)***4. About you**

Please tell us about your personality:

Please tell us about your hobbies and interests:

5. Your current support needs

Please attach any relevant assessments or reports when emailing this form.

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)

Communication

How do you prefer to communicate? *Please select all preferences.*

Verbally

Non-verbally with vocalisations

PECS

Auslan

Point and gesture

Other (please specify below)

Makaton

iPad

Have you had a communication assessment?

Yes

No

If yes, who completed this assessment?

Date of assessment

/

/

How do you express your feelings?

How do you understand others?

If you communicate non-verbally, how do you make your needs known?

6. Daily living skills

Please tell us about the level of support you need to do the following activities

- **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 you some hands-on support
- **Full support** means you need another person to physically help you do the activity

Support required	No help	Uses aids	Prompting	Some support	Full support	Please describe the support you need with this activity
Showering & bathing						
Grooming						
Dressing						
Toileting						
Eating						
Cooking						
Domestic activities						
Using money						
Decision making						
Taking medication						
Mobility						

Equipment

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 use:

If you use equipment, do you need assistance to use the equipment?

No Yes Please describe the assistance you need:

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:

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

Toileting

Behaviour

Other (please specify below)

Pressure care or repositioning

Settling

Seizures or medical needs

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

Health

Do you have any ongoing health, mental health or medical issues?

If yes, please describe your condition(s) and how this affects your life and your support needs:

No Yes

Do you have a chronic disease management plan, a mental health care plan or any other medical plans?

If yes, please attach a copy of any relevant health care plans when emailing this form.

No Yes

Do you take any medications or have any treatments?

If yes, please attach details of your medications and any treatment plans when emailing this form.

No Yes

Do you smoke?

No Yes

Do you attend any regular health appointments?

If 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:

No Yes

Do you have a recent occupational therapy report?

If yes, who completed this assessment?

No Yes

Date of assessment

/ /

Please attach a copy of your report when emailing this form.

Getting around

Do you need help to get around your community?

If yes, please describe the help you need (e.g. help with steps and uneven surfaces, getting into and out of vehicles):

No Yes

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?

Do you have any of the following?

Annual travel ticket

Concession card

Taxi card

Other transport card
(please specify)

Expiry

/ /

Do you need help to use public transport, taxis and other transportation?

Please describe the help you need (e.g. help reading timetables, help planning a journey, getting into and out of vehicles):

No Yes

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Activity name					
Time leave					
Time home					
Travel method					
Support needs					

Do you do any regular activities on Saturdays or Sundays?

No Yes If yes, please provide details of your weekend activities, including names, location, start and finish times, travel methods and support needs:

Are there any daytime activities you would like to do or explore in the future?

7. Behaviour support

Do you have a recent history of behaviours for which you require support?

No Yes – if yes, please check the box beside the behaviours below.

<input type="checkbox"/> Property damage	<input type="checkbox"/> Self-harm or self injury	<input type="checkbox"/> Other behaviour (please specify)
<input type="checkbox"/> Hurting others	<input type="checkbox"/> Refusing to take medications	
<input type="checkbox"/> Throwing objects	<input type="checkbox"/> Entering others' rooms	
<input type="checkbox"/> Sexualised behaviours	<input type="checkbox"/> Entering others' personal space without consent	
<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Absconding or leaving the residence without notice	

Please tell us more about behaviours that you need support with

Behaviour:

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?

Continued over

7. Behaviour support (continued)

Behaviour:

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?

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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?

Do you have a behaviour support plan?

No Yes – If yes, please attach a copy of your plan when emailing this form.

Do you have a human relations assessment?

No Yes – If yes, who completed this assessment? Date of assessment:

/ /

Please attach a copy of your plan when emailing this form.

Do you have a risk assessment for any of your behaviours or behaviour support needs? (e.g. fire or evacuation risk assessment)

No Yes – If yes, who completed this assessment? Date of assessment:

/ /

Please attach a copy of your plan when emailing this form.

Continued over

Do you do anything else that other people living with you might find disruptive?

No Yes – If yes, check the box beside the behaviours below.

<input type="checkbox"/>	Removing yourself from conversations or groups	<input type="checkbox"/>	Vocalising loudly when distressed	<input type="checkbox"/>	Vocalising loudly when distressed
<input type="checkbox"/>	Not reacting when spoken to	<input type="checkbox"/>	Ignoring directions from staff	<input type="checkbox"/>	Other behaviour (please specify)
<input type="checkbox"/>	Alerting staff	<input type="checkbox"/>	Reacting physically		

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.

Is there anything else you'd like to tell us about the behaviour supports you need?

8. 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	Signature	Date
		/ /

If you are signing as a representative of the person applying for specialist disability accommodation with SDA by Project Friday, please provide your relationship to the person:

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	Relationship or Organisation	Date
		/ /

9. SDA by Project Friday approval

Name	Role	Signature
		Date
		/ /