

SDA Application Form

Applies to: Accommodation and Care Services



**Accommodation
& Care Solutions**

Purpose

This form is to be used for a person to apply for tenancy in specialist disability accommodation (SDA).

Please provide the information in each section below then email this form to SDA Property Enquiries: sdaproperties@acares.com.au

Application date

Preferred property
(if known)

Applicant Contact Details

Client Name

DOB

Address

Street

State

State

Postcode

Postcode

Email

Phone

Primary diagnosis

Secondary
diagnosis

Gender Identity

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

Are you an NDIS
participant?

Yes

No

NDIS participant
number

Do you have an NDIS
plan?

Yes

No

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?
If Yes: Amount per fortnight

Do you receive the Commonwealth Rental Assistance?
If Yes: Amount per fortnight

Support
coordinator

Organisation

Email

Phone

Primary contact
person

Relationship or
Organisation

Address	Street, State, Postcode		
Email		Phone	
Person completing this form	Click or tap here to enter text.	Relationship or Organisation	Click or tap here to enter text.
Address	Street, State, Postcode		
Email	Click or tap here to enter text.	Phone	Enter text here.
Contact person for additional information	Click or tap here to enter text.	Relationship or Organisation	Click or tap here to enter text.
Address	Street, State, Postcode		
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

- | | |
|---|---|
| <input type="checkbox"/> With family | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Living independently | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Another SDA | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Supported residential services (SRS) | <input type="checkbox"/> Other <i>(please specify)</i> Enter text here. |

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

About You

Do you have a housemate preference? *(e.g.: gender, age, interests, cultural background)*

Please tell us about your personality:

Please tell us about your hobbies and interests:

Communication

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

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Verbally | <input type="checkbox"/> Non-verbally with vocalisations | <input type="checkbox"/> PECS |
| <input type="checkbox"/> Auslan | <input type="checkbox"/> Point and gesture | <input type="checkbox"/> Other methods (please specify) |
| <input type="checkbox"/> Makaton | <input type="checkbox"/> iPad | Enter text here. |

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:

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:

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:

Do you have a recent occupational therapy report?

No

Yes

Who completed this assessment?

Click or tap here to enter text.

Date of assessment: Choose a date.

Please attach a copy of your report then check this box:

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		Date	
Signature			

If you are signing as a representative of the person applying for specialist disability accommodation with ACARES, 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	
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ACARES Approval

Name			
Role		Date	
Signature			

