***Please read this page before completing the Kyeema Specialist Disability Accommodation Application form.***

About this application form

This form is to be used by National Disability Insurance Scheme (NDIS) participants with Supported Independent Living in their plans, wishing to apply for a vacancy in Kyeema’s Specialist Disability Accommodation (SDA).

Who can apply for SDA vacancy?

* A person who is a NDIS participant and has eligibility for SDA confirmed in their approved NDIS plan.
* A person who is waiting for their eligibility for SDA to be confirmed by the NDIA (either waiting on a plan review or outcome of assessment for SDA eligibility).

Important information for applicants / support network / support coordinators

* The application should be accompanied by documentation that supports statements about the applicant’s support needs, for example therapist’s reports, adaptive behaviour assessment or behaviour support plan.
* Completed applications, including SDA application form, signed consent page and any supporting documentation, are to be submitted by the nominated application closure date.
* Applications should be submitted electronically (via one of the email addresses listed below) wherever possible.
* A member of the Kyeema Vacancy Coordination team may contact the person nominated on the form (Section 4) if further information is required to support the application.
* Insufficient or inaccurate information may impact on the offer of residency, including withdrawal of offers made on the basis of inaccurate information provided in the application form.
* Applicants will be advised if they are the preferred applicant for the vacancy, however an offer of residency will not be made until a) the applicant’s eligibility for SDA is confirmed by the NDIA or b) the Kyeema board has agreed that the SDA payment will not be required. It is the responsibility of the applicant to have their eligibility for SDA confirmed.
* Contact Kyeema

Applicant Information

Application date:

Property ID:

*(Property ID is available from Kyeema*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **Surname** |  |
| **Gender** | M  F  Other | | **Date of Birth** |  |
| **Address** |  | | | |
| **Phone** |  | | **Mobile** |  |
| **Email** |  | | | |
| **Primary Disability** |  | | **Other Disabilities** |  |
| **Language** |  | | **Interpreter required** |  |
| **Indigenous status** | Aboriginal **AND** Torres Strait Islander  Aboriginal and **NOT** Torres Strait Islander  Torres Strait Islander and **NOT** Aboriginal  N/A | | | |
| **NDIS Plan** | NDIS participant No.: | | | |
| Do you have a current NDIS Plan?  **Yes**  *If yes:*  Plan approval date:  **No**  *If no, please specify a reason:*  *(e.g. still seeking SDA eligibility, waiting for a plan/review)* | | | Is Specialist Disability Accommodation (SDA) eligibility confirmed in your approved NDIS Plan?  **Yes**  *If yes:*  SDA Building Type:  SDA Design category:  **No**  *If no, you will need to request a plan review or seek your SDA eligibility urgently.* | |
| **Support Coordinator’s Details**  ***(if applicable)*** | **Name** |  | | |
| **Organisation** |  | | |
| **Phone** |  | | |
| **Email** |  | | |

Primary Contact *(if other than the applicant)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **Surname** |  |
| **Relationship to applicant** | |  | | |
| **Address** |  | | | |
| **Phone** |  | | **Mobile** |  |
| **Email** |  | | | |

Person Completing This Form *(if other than the applicant)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **Surname** |  |
| **Relationship to applicant** | |  | | |
| **Address** |  | | | |
| **Phone** |  | | **Mobile** |  |
| **Email** |  | | | |

Nominated Person for Further Information *(if other than the applicant)*

*(Note: a member of Kyeema’s staff may contact the person below is further information is required)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | **Surname** |  |
| **Relationship to applicant** | |  | | |
| **Address** |  | | | |
| **Phone** |  | | **Mobile** |  |
| **Email** |  | | | |

Understanding About You

|  |
| --- |
| **Tell us about yourself**  *(e.g. what are your likes and dislikes, anything important that SDA and Independent Living Skill providers should know about you)* |
|  |
| **How would someone you know describe your personality?** |
|  |
| **Do you have any particular interests or hobbies?** |
|  |
| **Do you have any preferences about who you would like to live with**  *(e.g. gender, age, interests, or cultural background)* |
|  |
| Do you have a legal guardian or financial administrator? |
| **Yes**  **No**  *If no, please proceed to next page.*  *If yes, what type of decisions are they able to make?*  **Accommodation**  **Health**  **All** **lifestyle** **decisions**  **Financial Administrator**  Please provide your legal guardian or Financial Administrator’s contact details*:*   |  |  |  |  | | --- | --- | --- | --- | | **Name** |  | **Surname** |  | | **Organisation**  *(if relevant)* |  | | | | **Phone** |  | **Mobile** |  | | **Email** |  | | | |

Understanding your current living situation

|  |  |
| --- | --- |
| **Do any of the following circumstances apply to your situation?** | |
|  | |
| **How would you describe your current living arrangement?** | |
| Living with family  Living independently  Specialist Disability Accommodation (SDA)  Supported Residential Services (SRS)  Nursing Home  Rehabilitation  Other (please specify) | |
| **Please describe your previous living arrangement(s) over the last five years if they have changed** | |
|  | |
| **How are other people currently assisting with your support needs? Do you receive any formal support from service provider/s or informal support from your family or friends?** | |
| **Relationship of person or agency name** | **Please provide a detailed description of what each person/agency does to support you** |
| e.g. Parents | Physical assistance, prompting or supervision |
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Understanding Your Support Needs

|  |  |
| --- | --- |
| **How to you prefer to communicate?** | |
| Other (please specify): | |
| **How do you express your feelings and understand others?** | |
|  | |
| **If you are non-verbal, how do you make your needs known?** | |
|  | |
| **Have you had a communication assessment?** | |
| Yes  No  *If yes, who completed the assessment?*  Name: Date:  *Please also attach your communication assessment.* | |
| **Daily living skills** | |
| On the following page, please indicate the level of support required by the person to undertake the following tasks according to the key below.  Please also attach any relevant assessments and/or reports. | |
| No help | You are fully independent; you do not need any help to complete the task. |
| Using aids | You can complete the task by yourself, with the help of aids. |
| 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. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **No help** | **Using aids** | **Prompting** | **Some Support** | **Full Physical Support** |
| **Showering/bathing** |  |  |  |  |  |
| Describe: |  | | | | |
| **Grooming** |  |  |  |  |  |
| Describe: |  | | | | |
| **Dressing** |  |  |  |  |  |
| Describe: |  | | | | |
| **Toileting** |  |  |  |  |  |
| Describe: |  | | | | |
| **Eating** |  |  |  |  |  |
| Describe: |  | | | | |
| **Cooking** |  |  |  |  |  |
| Describe: |  | | | | |
| **Domestic tasks** |  |  |  |  |  |
| Describe: |  | | | | |
| **Using money** |  |  |  |  |  |
| Describe: |  | | | | |
| **Decision making** |  |  |  |  |  |
| Describe: |  | | | | |
| **Taking medication** |  |  |  |  |  |
| Describe: |  | | | | |
| **Mobility** |  |  |  |  |  |
| Describe: |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you use any equipment?**  e.g. Hoist, Walking frame, Wheelchair, Commode, Hearing aids, Glasses, etc. | | Yes  No  If yes, please describe: | | |
| **Do you need assistance using any of the above equipment?** | | Yes  No  If yes, please describe: | | |
| **Will staff require training in its use?** | | Yes  No  If yes, please describe: | | |
| **Day and night time support**  Please attach any relevant assessments and/or reports | | | | |
| **Day** | I require supervision or support at all times during the day | | | Complete the below section regarding night assistance |
| I require supervision or support during active times  *(for example when getting ready, at meal times, preparing for bed)*  Can you be on your own for short periods? (1-2 hours)?  Yes  No  Can you be on your own for longer periods? (3+ hours)?  Yes  No | | |
| **Night** | Most of the time I do **NOT** need assistance when I am sleeping | | | Please skip to the next page |
| I need assistance during the sleeping hours | | | Complete the below section regarding night assistance |
| Active night support is needed for:  *Select all that apply to you.*  Peg feeding  Toileting  Unsettled  Seizure/Medical  Pressure care  Behaviour  Repositioning  Other: | | | | |
| How many nights per week do you usually need night-time support? | | | 1-2 Nights  2-3 Nights  3-4 Nights  5+ Nights | |
| During these night-times, how long do you usually need support for? | | | Less than 30 Minutes  30 Min - 1 Hour  1-2 Hours  2+ Hours | |

Health

*Please attach any relevant assessments and/or reports*

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| **Do you have any ongoing health, mental health, or medical issues?**  If so, please describe your condition and how this affects your life and your support needs. |
|  |
| **Do you attend regular health appointments?**  If so, what are you appointments for, how often do you attend and where do you go? Does anyone usually go with you and do you need support to attend appointments? |
|  |
| **Do you take any medications or other treatments?**  If so please provide details of your medication and treatment plan. |
|  |
| **Do you have a health, medical or mental health care plan?** |
| Yes  No  *If yes, please attach.*  Who completed the plan?  Name: Date: |
| **Do you have a recent occupational therapy report?** |
| Yes  No  *If yes, please attach.*  Who completed the plan?  Name: Date: |

Behaviour Support

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you require support due to any of the following behaviours?** | | | | |
| Property damage  Refusal to take medications  Absconding/leaving the residence  Hurting others  Throwing objects  Verbal aggression  Entering others’ rooms  Self-harm/Self-injurious behaviour  Sexualised behaviour  Entering others’ personal space (without consent)  Other (specify):  I have no behaviours of concern that require specific support | | | | |
| **How would you react if someone you lived with acted in a way you found disruptive?**  *For example, a person disturbing a quiet environment, a person coming into your personal space or showing a lack of awareness of public vs. private space* | | | | |
| Remove self  Alert Staff  Follow instruction from staff  Not react  Vocalise distress  React physically  Other (specify): | | | | |
| **Do you do anything that other people you live with may find disruptive?**  *For example, making loud noises, entering other people’s personal space or showing lack of awareness of public vs. private space* | | | | |
| Yes  No  *If yes, please specify.* | | | | |
| **For each behaviour you have identified above, please provide information in the table below** | | | | |
| Behaviour | Why does the behaviour occur? | How often does it occur? | What is the impact to you or others? | What works well to reduce these actions from occurring? |
|  |  |  |  |  |
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| **Do you have a behaviour support plan?** |
| Yes  No  *If yes, please attach.*  Who completed the plan?  Name: Date: |
| **Do you have a human relations assessment?** |
| Yes  No  *If yes, please attach.*  Who completed the plan?  Name: Date: |
| **Do you have a risk assessment relating to any of your behaviours or support needs?**  *(e.g. fire risk assessment)* |
| Yes  No  *If yes, please attach.*  Who completed the plan?  Name: Date: |

Getting Around

*Please refer to any relevant assessments or reports.*

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| **Do you need any help to get around your community?**  *If so, describe the assistance you need. (e.g. help with steps, uneven surfaces or getting into vehicles)* |
|  |
| **When you are out in the community as part of a group, do you need one-to-one support from a dedicated person to help you?** |
| Yes  No |
| **What mode of transport do you mainly use to travel to and from places?** |
| Car  Taxi  Bus  Bike  Mobility Scooter  Walking  Other (specify): |
| **Do you have any travel related concessions or accounts?** *(tick all that apply)* |
| Annual travel ticket  Concession card  Taxi card  Other (specify): |
| **Do you need help to use public transport, taxis and other transportation?** |
| Yes  No  *If yes, please specify.* |

Vocational Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What do you do during the daytime, Monday to Friday?**  If you participate at any day-time activities, workplace, education or training, please provide the names of the services you attend. | | | | | |
|  | | | | | |
| **Are there any day-time activities that you wish to explore or challenge in the future?** | | | | | |
|  | | | | | |
| **Please complete the below table with your regular schedule.** (include time and places) | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Time leave** |  |  |  |  |  |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |
| **Time return** |  |  |  |  |  |
| **How do you travel to and from the above activities and what support do you need to travel?** | | | | | |
|  | | | | | |
| **Are there activities that you regularly do on Saturday or Sunday?**  *(If so please provide details)* | | | | | |
|  | | | | | |

Other Information

|  |
| --- |
| **Is there any other information you would like to add?** |
|  |

Consent and Declaration

You or your authorised representative1 must provide consent for the Specialist Disability Accommodation (SDA) application and information provided in the application (and requested assessments and reports) to be used by the Kyeema Vacancy Coordination team in the following ways:

* To create a file (electronic and/or paper)
* To be reviewed and evaluated by the Kyeema Vacancy Coordination Team

1 Your representative could 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 Kyeema Support Services Inc. Specialist Disability Accommodation dwelling vacancy that I am applying for.

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 signed by a representative please state your relationship to the applicant:

Verbal Consent

*(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 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.

Verbal consent provided by: Date:

Person/Representative Name: Relationship:

Organisation: