

Supported Independent Living (SIL) Application Form

Section 1 - Your personal details	
Name	
Gender	
Age	
Date of birth	
Primary Disability	
Other Disability	
Indigenous Status	
Indigenous Identity	
Ethnicity	
Interpreter required	
Country of birth	
Preferred language	
Address	
Suburb	
Postcode	
Daytime phone	
Mobile	
Email	
NDIS status	

Section 2: Primary contact (if different to the above)	
Name	
Relationship to person requiring support	
Phone	
E-mail	
Address	
Organisation (if applicable)	

Section 3: Person completing this form

Name	
Relationship to person requiring support	
Phone	
E-mail	
Address	
Organisation (if applicable)	

Section 4: Understanding your current housing and living situation

Please tick one box below to tell us where you currently live.

<input type="checkbox"/> Placement under the care of the Minister	<input type="checkbox"/> Group home	<input type="checkbox"/> Residential Aged Care Facility
<input type="checkbox"/> Children’s Respite Unit	<input type="checkbox"/> Adult respite centre	<input type="checkbox"/> Mental health facility
<input type="checkbox"/> Foster family	<input type="checkbox"/> Large residential centre	<input type="checkbox"/> Other:.....Family Home.....
<input type="checkbox"/> Family home	<input type="checkbox"/> Hospital
<input type="checkbox"/> Own home (private residence)	<input type="checkbox"/> Community housing
	<input type="checkbox"/> Boarding House	

When do you anticipate requiring accommodation support?

Immediate You would accept an offer of accommodation support in selected locations if made to you now.

Futurep You are not ready to accept an offer of accommodation support now, but would like be on a waiting list.

Why do you need accommodation support?

Who do you live with?

Live with family

Live with others

Live alone

Do you have a carer?

Yes

No - If yes, please provide their name:

Do you have a decision maker?

Yes

No

If yes, please tick one of the boxes below:

Legal Guardian appointed by the NSW Guardianship Tribunal

Family member

Friend

Other:

Please provide your decision maker’s name, phone number and organisation (If relevant):

Are you currently on a Housing Pathways (public housing) waiting list?

Yes

If yes, with which agency?

	<input type="checkbox"/> No	If no, are you intending to apply? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an informal support network? <i>This may be family members, friends, neighbours, local shop keepers, clubs or anyone providing unpaid support</i>	<input type="checkbox"/> Yes.	If yes, describe your network:
	<input type="checkbox"/> No.	If no, are you able to and interested in developing an informal support network?

Section 5: Daily living skills

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 you must describe the support you need, and any equipment or items you use in the task.

As an example of what you might include for showering or bathing:	Response Scale/Guide	
<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? 	<ul style="list-style-type: none"> No help: You are fully independent. You need no help to complete the task. No help but uses aids: With aids, you can complete the task by yourself with no help. 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. 	
Showering/bathing	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Toileting	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Grooming	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Dressing	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Domestic tasks	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting	Describe:

	<input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Equipment:
Decision making	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Cooking	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Taking medication	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Eating	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:
Using money	<input type="checkbox"/> No help <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical support	Describe: Equipment:

Section 6: Day and night supports

What do you do during the daytime, Monday to Sunday?
Please complete your schedule below. Include times and places.

Day	Time leave home (AM)	Time arrive home (PM)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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 the night do you need support?	<input type="checkbox"/> Nil <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+
During these times, how long do you usually need support for?	<input type="checkbox"/> less than 30 min <input type="checkbox"/> 30 min - 1 hour <input type="checkbox"/> 1 - 2 hours <input type="checkbox"/> 2+ hours

Section 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 part of a group, do you need one-to-one support from a dedicated person to help you? Can you please explain?	
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.	

Section 8: Health and wellbeing

How do you express your feelings? For example, when you are not happy with a situation, how does your family/carer support you?	
Do you use any communication aids? If so please list and describe how they are best used to support you.	
How do you understand others? Is there a way that staff should communicate with you to help you understand what they are saying? Are you able to follow people's conversations?	
Do you have a communication assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy.
Do you have any ongoing medical needs? If so, please describe them and how they affect your life and your support needs.	
Do you attend regular health	

appointments? If so, what are your appointments for, how often do you attend and where do you go? Do you need support to go?			
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 <input type="checkbox"/> No	
		If Yes, please explain your actions below	
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 expressing	How often does it occur?	Where it occurs?
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 through the use of 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	
		<i>(Note: Diagnostic and functional assessments provide to QHC with key information will be used for the purpose of client matching and PBS purposes if the application is successful)</i>	

Section 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? <i>(Please write down client/family preference about whom he would like to live with, such age, gender etc)</i>	
How would you react if someone you lived with acted in a way you found disruptive? <i>For example making loud noises or entering other people's personal space.</i>	
Do you do anything that other people might find disruptive? <i>For example making loud noises or entering other people's personal space.</i>	
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"/> No

Section 10: Consent to register and share information

Written Consent			
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.			
Checklist	<input type="checkbox"/> You have completed all areas in detail <input type="checkbox"/> You have completed all sections of the form <input type="checkbox"/> You have attached other supporting documentation such as your Behaviour Support Plan, Medical reports or Allied health reports		
Signed:	<table border="1"> <tr> <td>Name:</td> <td>Date:</td> </tr> </table>	Name:	Date:
Name:	Date:		
If signed by a decision maker, please state your relationship to the applicant:			
Spoken/signing consent only to be used where it is not practicable to obtain written consent and witnessed where possible			
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.			
Spoken/signing consent provided to:	Date:		
Details of the person:			

Person/practitioner name	
Position	
Organisation	
Details regarding consent	
Name of person giving consent	
Signature & Date	
Relationship to person with disability unable to give consent	