

Supported Independent Living (SIL) Application Form

1. Your Personal Details	
Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Disability	
Indigenous status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	
Post code	
Daytime phone	
NDIS status	Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
	Access <input type="checkbox"/> Yes <input type="checkbox"/> No
	NDIS Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Age	
Date of birth	
Other disability	
Indigenous identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander
Country of birth	
Preferred language	
Suburb	
Mobile	
Email	

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

3. Person completing this form

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

4. Understanding Your Current Living Situation

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

- Placement under the care of the Minister
 Children’s Respite Unit
 Foster family
 Family home
 Own home (private residence)
 Group home
 Adult respite centre
 Large residential centre
 Hospital
 Community housing
 Boarding House
 Residential Aged Care Facility Mental health facility Other:

When do you anticipate requiring accommodation support?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Immediate | You would accept an offer of accommodation support in selected locations if made to you now. |
| <input type="checkbox"/> Future | You are not ready to accept an offer of accommodation support now but would like to be on a waiting list. |

Why do you need accommodation support?

Who do you live with?	<input type="checkbox"/> Live with family <input type="checkbox"/> Live with others <input type="checkbox"/> Live alone
Do you have a carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Name (If Yes):
Do you have a decision maker? If yes, please tick the corresponding box: Please provide your decision maker's name, phone number and organisation (if relevant):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Legal Guardian appointed by the NSW Guardianship Tribunal <input type="checkbox"/> Family member - Elizabeth Kniest 9 Elouera Close Brandy Hill NSW 2324 <input type="checkbox"/> Friend <input type="checkbox"/> Other:
Are you currently on a Housing Pathways (public housing) waiting list?	<input type="checkbox"/> 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? (This may be family members, friends, neighbours, local shop keepers, clubs (anyone providing unpaid support))	<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?

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 please describe the support you need and any equipment you use in the task.

As an example of what you might include for showering or bathing:

- **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 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 support	<input type="checkbox"/> No help but uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some support	<input type="checkbox"/> Full physical
Comments					
General Decision Making	<input type="checkbox"/> No help support	<input type="checkbox"/> No help but uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some support	<input type="checkbox"/> Full physical
Comments					
Toileting	<input type="checkbox"/> No help support	<input type="checkbox"/> No help but uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some support	<input type="checkbox"/> Full physical
Comments					
Grooming	<input type="checkbox"/> No help support	<input type="checkbox"/> No help but uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some support	<input type="checkbox"/> Full physical
Comments					
Dressing	<input type="checkbox"/> No help support	<input type="checkbox"/> No help but uses aids	<input type="checkbox"/> Prompting	<input type="checkbox"/> Some support	<input type="checkbox"/> Full physical
Comments					
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
Comments	
Cooking	<input type="checkbox"/> No help support <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical
Comments	
Eating	<input type="checkbox"/> No help support <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical
Comments	
Using money	<input type="checkbox"/> No help support <input type="checkbox"/> No help but uses aids <input type="checkbox"/> Prompting <input type="checkbox"/> Some support <input type="checkbox"/> Full physical
Comments	

6. Day and night supports

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

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

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?

1–2
 2–3
 3–4
 5+

During these times, how long do you usually need support for?

Less than 30 min
 30 min – 1 hour
 1–2 hours
 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 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.	

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>	
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Do you use any communication aids? <i>If yes, please list and describe how they are best used to support you.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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How do you understand others?	
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Do you have a communication assessment? <i>If yes, please attach a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any ongoing medical needs? If so, please describe them and how they affect your life and your support needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you attend regular health appointments? If so, what are your appointments for, how often do you attend and where do you go?	<input type="checkbox"/> Yes <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? <i>If Yes, please attach a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you done any actions that people in your life have thought is harmful or dangerous to yourself or others? <i>If Yes, please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Where possible, for each action you have identified please provide information on the following:

- 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 - <i>please attach a most recent copy</i> <input type="checkbox"/> No - <i>but I would benefit from one</i> <input type="checkbox"/> No - <i>I do not require one</i>
Have you partaken in assessments conducted by professionals i.e. Psychologist, Psychiatrist, Occupational Therapist, Speech Therapist	<input type="checkbox"/> Yes - <i>please attach a most recent copy</i> <input type="checkbox"/> No - <i>but I would benefit from one</i> <input type="checkbox"/> No - <i>I do not require one</i>
8. 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"/> No
Additional Comments	

9. Consent to Register and Share Information
<p>You or 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 the application • seen by internal people when making decisions about a vacancy <p>Your decision maker could be a primary carer, friend, family member, advocate or an appointed guardian.</p>

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.

Name:

Signed:

Date:

If signed by a decision maker, please state your relationship to the applicant:

Spoken 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		Relationship to person with disability unable to give consent	
Details regarding consent			
Name of person giving consent		Signature & Date	

Checklist

- You have completed all areas in detail
- You have completed all sections of the form
- You have attached other supporting documentation such as your Behaviour Support Plan, Medical reports or Allied health reports