

AC01: SCIA Housing Application Form

<p>To lodge an application:</p> <p>email: accommodation@scia.org.au Fax: (02) 9661 9598</p> <p>Mail: Spinal Cord Injuries Australia, PO Box 397, Matraville NSW 2036</p> <p>Telephone: 1800 819 775</p>

SCIA are required under our funding agreement to collect and release certain information about our clients to the Ageing Disability & Home Care (ADHC) department within the NSW Government. The information you will provide will assist in the monitoring and ongoing development of appropriate services to meet the needs of people with a spinal cord injury, their family and/or primary carers. It is important to note that no identifying information such as your name or contact details will be provided to any other external agency and that all personal information collected herein will be treated confidentially. Completing and lodging this application with SCIA, indicates your acknowledgement of this and that you grant your consent for this to occur.

Application Form:

- Anzac House
 Chatswood House
 Nagle House
 Stuart House

Applicant Information:

Full Name:			
Address:			
Postcode:		State:	
Telephone (Home):		Telephone (Mobile):	
Email:			
Date of Birth:		Country of Birth:	
Communication Type:	<input type="checkbox"/> Spoken <input type="checkbox"/> Sign <input type="checkbox"/> Other Non-Spoken <input type="checkbox"/> Little/No Communication		
Main Language:		Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	
Level of Injury:		ASIA Score (if known):	
Date of Onset:		Cause / Condition	
Secondary Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:	
Referred By:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Family/Friend <input type="checkbox"/> Spinal Outreach Service <input type="checkbox"/> SCIA Staff Spinal Unit at: <input type="checkbox"/> POWH <input type="checkbox"/> RNSH <input type="checkbox"/> RRH <input type="checkbox"/> Other:		
Membership:	Tick box to become a member: <input type="checkbox"/> Do you wish to receive Accord- SCIA's magazine? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you wish to receive SCIA's Annual Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Primary Contact (if different to applicant)

Full Name:	
Relationship to applicant:	
Phone:	
Email:	
Address:	
Organisation (if applicable):	

Person Completing This Form (if different to applicant and/or primary Contact)

Full Name:	
Relationship to applicant:	
Phone:	
Email:	
Address:	
Organisation (if applicable):	

In Case of Emergency

Full Name:	
Relationship to applicant:	
Phone:	
Email:	
Address:	

Please describe the Client's Situation

NOTE: SCIA are required under our funding agreement to collect the following information.

Where The Client Currently Lives	<input type="checkbox"/> Placement under the care of the Minister <input type="checkbox"/> Children's Respite Unit <input type="checkbox"/> Adult Respite Centre <input type="checkbox"/> Family Home <input type="checkbox"/> Own Home (Private Residence) <input type="checkbox"/> Community Housing <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Aged Care Facility <input type="checkbox"/> Mental Health facility <input type="checkbox"/> Hospital <input type="checkbox"/> Foster Family <input type="checkbox"/> Boarding House <input type="checkbox"/> Large Residential Centre <input type="checkbox"/> Other: _____
Who They Live With	<input type="checkbox"/> Alone <input type="checkbox"/> With family <input type="checkbox"/> With others <input type="checkbox"/> Other: _____
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Volunteer work <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
Main income	<input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other government benefit <input type="checkbox"/> Employment <input type="checkbox"/> Compensation <input type="checkbox"/> Other, eg super, investment <input type="checkbox"/> Nil income

Please describe your current care situation

Do you currently receive a care package?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours per week?	
Who is your funding body/ who are you funded by?	<input type="checkbox"/> NDIS <input type="checkbox"/> FACS/ADHC <input type="checkbox"/> Compensation <input type="checkbox"/> Self-Funded		
Do you have a non-paid primary carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the primary carer receive financial assistance for caring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to carer	— Partner/spouse <input type="checkbox"/> M <input type="checkbox"/> F — Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father — Child <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Son-in-law <input type="checkbox"/> Daughter -in-law — Friend/neighbour <input type="checkbox"/> M <input type="checkbox"/> F — Other _____		
Carer Details	Carer Residency Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Is This The Sole Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Carer's Age <input type="checkbox"/> Under 15 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+

Are you currently on a Housing Pathways (public housing) waiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with which agency?	
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 or anyone providing unpaid support)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe your network:	
If no, are you interested in developing an informal support network?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Describe The Client's Support Needs

Activity	Support Needs				
Showering/ Bathing	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Grooming	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
General Tasks	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Decision Making	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					

Domestic Tasks	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Financial	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Taking Medication	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Eating	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Cooking	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Shopping	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					
Working	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent with equipment	<input type="checkbox"/> Requires prompting or reminders	<input type="checkbox"/> Requires prompting and some support	<input type="checkbox"/> Unable to do independently
Describe:					
Equipment:					

Does the client have any problems with memory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
Does the client have any behavioural problems e.g. aggression, agitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details:

Personal Care Preferences:

Do you have a preferred care agency?	<input type="checkbox"/> Yes, _____	<input type="checkbox"/> No
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SCIA can arrange for personal care for you at an additional cost. If you require this, please complete the details below and include times and the total number of hours you require this care:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning (hrs):							
START TIME:							
END TIME:							
Lunch/Midday (hrs):							
START TIME:							
END TIME:							
Dinner/Evening (hrs):							
START TIME:							
END TIME:							
Night (hrs):							
START TIME:							
END TIME:							
Type of Carer preferred?*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference						

*SCIA will endeavor to meet your preference but this cannot be guaranteed

Please provide the names of the services you attend including your day program and employment.	
If requiring night support, please explain what this involves.	

Getting Around the Community

<p>Do you need help to get around the community? If so, please describe the assistance you need.</p> <p>E.g. Help with steps, uneven surfaces or getting into vehicles</p>	
<p>When out in the community as part of a group, do you require one-to-one support from a dedicated person to help you? Can you please explain?</p>	
<p>What transport do you mainly use to travel to and from places?</p>	
<p>Do you need help to use public transport, taxis, and other transport? If yes, please give details.</p>	

Health and Wellbeing

<p>How do you express your feelings?</p> <p>E.g. When you are not happy with a situation, how does your family/carer support you?</p>	
<p>Do you use any communication aids? If so, please list and describe how they are best used to support you.</p>	
<p>How do you understand others?</p> <p>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?</p>	
<p>Do you have a communication assessment?</p> <p>If yes, please attach a copy.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have any ongoing medical needs? If so, please describe them and how they affect your life and your support needs.</p> <p>E.g. You may have severe asthma where you may sometimes only walk short distances before needing a rest.</p>	

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? If yes, please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you done any actions that people in your life have thought is dangerous to yourself or others? If yes, please complete the table below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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?	

<p>Do you have a Behaviour Support Plan? If yes, please attach a copy.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, would you benefit from one? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Where do you want supports or want to live?

<p>What is important to you in your day?</p>	
<p>Do you have any preferences about who you would like to live with? Include males/females, age and interests</p>	
<p>How would you react if someone you lived with acted in a way you found disruptive? E.g. Making loud noises or entering other people's personal space.</p>	
<p>Do you do anything that other people might find disruptive? E.g. Making loud noises or entering other people's personal space.</p>	

Eligibility

Clients who are eligible to utilise SCIA properties must have a spinal cord injury and/or require accessible accommodation due to a disability and be a member of SCIA. They must be medically and psychologically stable and not pose any threat of harm to the other tenants, visitors, SCIA staff or the property. Note, meeting these eligibility requirements will not confer automatic entitlement to utilise SCIA accommodation and acceptance of an offer is voluntary and non-obligatory in respect to each party involved in the process.

Applicant:

I certify that the information included in this application is correct and accurate and confirm that I understand the eligibility criteria above. In addition, I agree to meet the terms and conditions for a stay within an SCIA managed property including that smoking is strictly prohibited within the confines of the accommodation including any outdoor areas.

Name:			
Signature :		Date:	

Referred By/ Person Completing Form:

I certify that the information included in this application is correct and with the information available to me, believe that the applicant does not pose any threat of harm to the other tenants, visitors, SCIA staff or the property.

Name / Title:			
Signature:		Date:	
Email:			
Telephone (Work):		Telephone (Mobile):	

SCIA Representative: Following review of the above information, the applicant

- Has been granted approval to stay
 Has not been granted approval to stay

Name / Title (GM level and above):			
Signature:		Date:	

Office Use Only:	<input type="checkbox"/> Approved	Accommodation ID Number:	<input type="checkbox"/> Not Approved	<input type="checkbox"/> For Follow Up
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