



LIFE HEALTH SERVICES

L01 104A Armada Dandenong Plaza,
Cnr of McCrae and Walker St,
Dandenong VIC 3175
info@lifehealthservices.com.au
03 9212 3590
0400 721 428
www.lifehealthservices.com.au

Application for Short Term Supported Accommodation

In order to be eligible to apply you must:

1. Be in need of accommodation where support is provided
2. Be willing to cooperate with support workers
3. Be willing and able to make rent payments

About the Participant

Mr/Mrs/Miss/Ms: Click or tap here to enter text.

Full Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Contact Phone/Mobile No: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

NDIS Number and NDIS Package: Click or tap here to enter text.

Gender: ☐ Male ☐ Female

Alternative Contact Details

If contact is through another person (e.g. family member), please provide details

Relationship to participant: Click or tap here to enter text.

Full Name: Click or tap here to enter text.

Contact Phone/Mobile No: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Provide more details, if necessary: Click or tap here to enter text.



Emergency Contact Details

Next of Kin Name: Click or tap here to enter text.

Relationship with participant: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

How is the Participant's Plan Managed?

- ☐ Self Managed
- ☐ Portal (NDIS) Managed
- ☐ Plan Nominee
- ☐ Plan Management Provider

If using a plan management provider *(please provide details)*

Name: Click or tap here to enter text.

Organisation: Click or tap here to enter text.

Contact details (email, phone): Click or tap here to enter text.

How long will the participant require accommodation?

Start date: Click or tap here to enter text.

End date: Click or tap here to enter text.

Duration: Click or tap here to enter text.

Marital Status	Participant Living Situation
<input type="checkbox"/> Single <input type="checkbox"/> In A Relationship <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other If Other, please describe: Click or tap here to enter text.	<input type="checkbox"/> Own Home/ Living Alone <input type="checkbox"/> Own Home/ Living with Family <input type="checkbox"/> Living in Supported Accommodation <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary (Living with friends, family, or other accommodation) <input type="checkbox"/> At Risk (e.g. evictions, behind in rent, family violence) <input type="checkbox"/> Other If Other, please describe: Click or tap here to enter text.

Gender	Is the Participant of Aboriginal or Torres Strait Islander Descent?
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Hearing Impaired Interpreter Required?	Language Interpreter Required?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the Participant Have A Current Behavioural Support Plan?	Cognition Abilities
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the behavioural support plan	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Please note that if a participant has behaviours of concern, a transition plan is required.

Does the participant have a transition plan?

- ☐ Yes
☐ No
☐ Pending. Expected receiving date: Click or tap here to enter text.

Is the Participant of a Culturally and Linguistically Diverse Background?

- ☐ Yes
☐ No

What Is the Participants Preferences Regarding Cultural, Spiritual and Language Connections?

(Specify below)
Click or tap here to enter text.

Languages Spoken

- ☐ English
☐ Spanish
☐ Chinese
☐ Hindi
☐ Swahili
☐ Arabic
☐ Portuguese
☐ Bengali
☐ Japanese
☐ Punjabi
☐ Other

If Other, which languages? Click or tap here to enter text.

Communication

- ☐ Verbal
☐ Non-Verbal
☐ Aids
☐ Other

If Other, please describe: Click or tap here to enter text.

If Participant Is Non-Verbal, What Is the Best Method of Communication?

(Specify below)

Click or tap here to enter text.



--	--

What is the Participants Country of Birth?

(Specify below)

Click or tap here to enter text.

Personal Care	Mobility												
<p>The Participant Requires Assistance With:</p> <p><input type="checkbox"/> Shower/ Bath</p> <p><input type="checkbox"/> Toileting</p> <p><input type="checkbox"/> Grooming</p> <p><input type="checkbox"/> Dressing</p> <p><input type="checkbox"/> Other</p> <p>If Other, please describe: Click or tap here to enter text.</p>	<p>(Multiple Boxes Can Be Selected)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Independent</td> <td><input type="checkbox"/> Wheelchair</td> </tr> <tr> <td><input type="checkbox"/> Assist</td> <td><input type="checkbox"/> L Frame</td> </tr> <tr> <td><input type="checkbox"/> Walking Stick</td> <td><input type="checkbox"/> Ceiling Hoist</td> </tr> <tr> <td><input type="checkbox"/> Walking Frame</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Manual Hoist</td> <td>If Other, please describe:</td> </tr> <tr> <td><input type="checkbox"/> Shower Chair</td> <td>Click or tap here to enter text.</td> </tr> </table>	<input type="checkbox"/> Independent	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Assist	<input type="checkbox"/> L Frame	<input type="checkbox"/> Walking Stick	<input type="checkbox"/> Ceiling Hoist	<input type="checkbox"/> Walking Frame	<input type="checkbox"/> Other	<input type="checkbox"/> Manual Hoist	If Other, please describe:	<input type="checkbox"/> Shower Chair	Click or tap here to enter text.
<input type="checkbox"/> Independent	<input type="checkbox"/> Wheelchair												
<input type="checkbox"/> Assist	<input type="checkbox"/> L Frame												
<input type="checkbox"/> Walking Stick	<input type="checkbox"/> Ceiling Hoist												
<input type="checkbox"/> Walking Frame	<input type="checkbox"/> Other												
<input type="checkbox"/> Manual Hoist	If Other, please describe:												
<input type="checkbox"/> Shower Chair	Click or tap here to enter text.												

Formal Diagnosis – Primary

Click or tap here to enter text.

Formal Diagnosis – Secondary

Click or tap here to enter text.

Other Relevant Information About the Participant

Click or tap here to enter text.

Health Care Planning Specifications (E.g. Annual Visit To GP, Dentist) (Please attach relevant documents)

Click or tap here to enter text.



Does the Participant Have Any Legal Issues That May Affect Services? (E.g. Apprehended Violence Order AVO)

☐ Yes

☐ No

If yes, please describe: Click or tap here to enter text.

Please Give A Description Of The Type And Scope Of Support The Participant Requires

Click or tap here to enter text.

Where does the participant live now?

	Details (e.g. At Risk, Evicted, Behind in Rent, Family Violence)
<input type="checkbox"/> At Home with Parents/ Partner	Click or tap here to enter text.
<input type="checkbox"/> Living Alone	Click or tap here to enter text.
<input type="checkbox"/> Staying with Friends	Click or tap here to enter text.
<input type="checkbox"/> Living in Supported Accommodation	Click or tap here to enter text.
<input type="checkbox"/> Homeless	Click or tap here to enter text.
<input type="checkbox"/> Temporary (Living with friends, family, or other accommodation)	Click or tap here to enter text.
<input type="checkbox"/> Hostel	Click or tap here to enter text.
<input type="checkbox"/> Other - please state: Click or tap here to enter text.	Click or tap here to enter text.

Where has the participant lived in the last 5 years?

Address	Why did you leave?
Click or tap here to enter text.	Click or tap here to enter text.

LIFE HEALTH SERVICES



L01 104A Armada Dandenong Plaza,
Cnr of McCrae and Walker St,
Dandenong VIC 3175
info@lifehealthservices.com.au
03 9212 3590
0400 721 428
www.lifehealthservices.com.au

Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Please select the following status/es that apply to the participant

- ☐ Currently employed
- ☐ Currently working as a volunteer
- ☐ Currently in school (e.g. secondary, tertiary and/or vocational)

Please provide details, if you selected one of the above: Click or tap here to enter text.

Does the participant need support from a support worker for the above (i.e. work, school and/or volunteering)? ☐ Yes ☐ No

If Yes, what kind of support is needed? Click or tap here to enter text.

What kind of living/housing conditions is the participant comfortable with? (*Multiple boxes can be selected*)

- ☐ All female house only
- ☐ All male house only
- ☐ Unisex house (both men and women living in the house)

What type of support does the participant need in relation to accommodation? Please select any that apply to the participant



☐ Managing the Participants Housing

- Understanding your tenancy agreement
- Knowing your rights and responsibilities

Add more relevant information: Click or tap here to enter text.

☐ Income and Benefits

- Claiming relevant benefits, importance of housing benefit claims and understanding reviews
- Help with return to work/training financial benefits

Add more relevant information: Click or tap here to enter text.

☐ Household management

- Food nutrition
- Setting up household routine
- Learning to live independently

Add more relevant information: Click or tap here to enter text.

☐ Daily Living Activities

- Organising participants time
- Help develop daily and weekly routines
- Joining community activities
- Accessing community facilities

Add more relevant information: Click or tap here to enter text.

☐ Bills and Budgeting

- How to priorities debts
- Understanding utility bills and methods of payment
- How to make and balance a budget



Add more relevant information: Click or tap here to enter text.

☐ **Managing Participants Health Needs**

- Registering or managing G.P appointments
- Managing poor health and ensuring attendance of appointments
- Accessing mental health support agencies
- Managing drug or alcohol use

Add more relevant information: Click or tap here to enter text.

☐ **Personal Admin and Communication**

- Help to deal with post and forms
- Making claims on time
- Speaking to other agencies and dealing with queries
- Helping to get advice and information
- Assisting to make complaints

Add more relevant information: Click or tap here to enter text.

☐ **Training/Education & Employment**

- Help with returning/maintaining training, education, adult classes etc.
- Help with returning/maintaining paid or voluntary work

Add more relevant information: Click or tap here to enter text.



Please give details of any support the participant is currently receiving

Support network	Names	Contact details (Phone, Email etc.)
Friends/Family	Click or tap here to enter text.	Click or tap here to enter text.
General Practitioner	Click or tap here to enter text.	Click or tap here to enter text.
Social Worker	Click or tap here to enter text.	Click or tap here to enter text.
NDIS Carer/LAC	Click or tap here to enter text.	Click or tap here to enter text.
Probation Service/Youth Offending Team	Click or tap here to enter text.	Click or tap here to enter text.
Psychiatrist/ Psychologist	Click or tap here to enter text.	Click or tap here to enter text.
Community Mental Health Nurse	Click or tap here to enter text.	Click or tap here to enter text.
Community Psychiatric Nurse	Click or tap here to enter text.	Click or tap here to enter text.
Learning Difficulties Service	Click or tap here to enter text.	Click or tap here to enter text.
Drug or Alcohol Service	Click or tap here to enter text.	Click or tap here to enter text.
Advocate	Click or tap here to enter text.	Click or tap here to enter text.
Other	Click or tap here to enter text.	Click or tap here to enter text.



Care Workers	<p>Does the participant want their care/support worker/s to transition with them to LHS?</p> <p>Click or tap here to enter text.</p>
<p>If yes, please provide information about the Care Worker/s (e.g. name, contact details, care intentions etc.)</p> <p>Click or tap here to enter text.</p>	

<p>Where Would the Participant Like to Live?</p> <p>Please select from available accommodation houses</p> <p>First choice: Click or tap here to enter text.</p> <p>Second choice: Click or tap here to enter text.</p>

In order to consider your application, it is important that we know enough so that we are able to support the participant, keep the participant safe and maintain the safety of our other tenants and support workers. Please provide the following information about the participant.

	Yes/ No	Details
<p>Is the participant a care leaver? (i.e. a person who spent time in care as a child (under the age of 18). This care could have been foster care, residential care (mainly children's homes) or another arrangement outside your immediate or extended family)</p> <p>Has the participant left?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Click or tap here to enter text.</p>



When did the participant leave?		
Is the participant pregnant? Expected date of delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Is the participant fleeing domestic violence or violence from someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Does the participant feel at risk of harm or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Does the participant have cognitive, psychological or emotional difficulties that stop them from doing things or causes them pain and discomfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Has the participant ever received treatment for mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Does the participant have periods of feeling low in mood or experience depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Does where the participant live affect their mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Does the participant have a recognised learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Does the participant have difficulty with reading and writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.

	Yes/No		Details



Does the participant misuse alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the participant engaged in a treatment programme?	Click or tap here to enter text.
Does the participant use illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the participant engaged in a treatment programme?	Click or tap here to enter text.
Has the participant ever been violent towards others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the participant engaged in a treatment programme?	Click or tap here to enter text.
Has the participant ever caused damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What was the result of this?	Click or tap here to enter text.
Has the participant ever committed Arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What was the result of this?	Click or tap here to enter text.
Is the participant an ex criminal offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What was the participant convicted of? Has the participant re-offended?	Click or tap here to enter text.
Is the participant on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details	Click or tap here to enter text.

DIETARY REQUIREMENTS

Food Allergies

Which foods are the participant allergic to?

Click or tap here to enter text.

Is the participant allergic to the food in a cooked or raw state, or both? (please tick)

☐ Cooked ☐ Raw ☐ Both



LIFE HEALTH SERVICES

L01 104A Armada Dandenong Plaza,
Cnr of McCrae and Walker St,
Dandenong VIC 3175
info@lifehealthservices.com.au
03 9212 3590
0400 721 428
www.lifehealthservices.com.au

Dietary Requirements *(If the participant declares to be vegetarian, vegan or pescatarian, this requirement will be applied at every meal)*

Vegetarian ☐ Yes ☐ No

Vegan ☐ Yes ☐ No

Pescatarian ☐ Yes ☐ No

Other/Comments

Click or tap here to enter text.

Please outline the participants preferences in food in regard to breakfast, lunch, dinner and snacks.

If the participant abides by a dietary plan, please describe and specify.

Click or tap here to enter text.

Participants Personal Details

Does the participant have a service animal? ☐ Yes ☐ No

If yes, please describe and specify details about the service animal: Click or tap here to enter text.

Hobbies, Interests and Recreational Activities



Please describe the participants hobbies, interests and recreational activities enjoyed

Click or tap here to enter text.

Daily/Weekly Routine

Please outline the participants daily/weekly routine or programme

Click or tap here to enter text.

Specialist Equipment

Does the participant require specialist equipment? (e.g. bed, table etc.) ☐ Yes ☐ No

If yes, is the NDIS funding it? ☐ Yes ☐ No

If the participant requires specialist equipment, please specify the specialist equipment the participant needs

Click or tap here to enter text.

Personal Items

Please list the significant personal items the participant will be bringing to the accommodation housing (e.g. TV, computer, bed, duvet, sheets, desk etc.)

Click or tap here to enter text.



If you are helping the participant to complete this form, please give your name and contact details

Name: Click or tap here to enter text.

Organisation/Relationship: Click or tap here to enter text.

Contact Number/s: Click or tap here to enter text.

How did the participant hear about Life Health Services (LHS)?	<input type="checkbox"/> Support Coordinator <input type="checkbox"/> Local Area Coordinator (LAC) <i>Name:</i> Click or tap here to enter text. <input type="checkbox"/> Friend or Family	<input type="checkbox"/> Google <input type="checkbox"/> Online Ads <input type="checkbox"/> Facebook <input type="checkbox"/> Print Media (LHS Brochures etc.)	<input type="checkbox"/> Other (<i>please provide details</i>): Click or tap here to enter text.
---	--	--	--

Services Agreement

The participant has a choice over whether Life Health Services (LHS) or another service provider will provide support services within Life Health Services (LHS) accommodation houses. In the case of LHS being unable to provide the required services and support, LHS will provide a referral to an appropriate service provider/s (in consultation with the client).

Information privacy and confidentiality

Any personal information that you supply is confidential and will be held by Life Health Services (LHS) in accordance with existing legislation, policies and procedures.

We collect information about you for the primary purpose of providing quality supports and services to you. We need to collect some personal information from you to ensure our services meet your needs. If you do not provide this information, we may be unable to fully provide these services. This information will also be used for:

- a) administrative purposes for running our service



LIFE HEALTH SERVICES

L01 104A Armada Dandenong Plaza,
Cnr of McCrae and Walker St,
Dandenong VIC 3175
info@lifehealthservices.com.au
03 9212 3590
0400 721 428
www.lifehealthservices.com.au

- b) billing you directly, through the NDIS, or other agency if required
- c) use within our service to ensure you are provided with quality supports and services
- d) disclosure of information to the NDIA, the NDIS Quality and Safeguards Commission, or other government agencies if needed
- e) disclosure of information to health professionals to ensure high quality health care for you if needed
- f) disclosure to other providers, with your consent, in order to provide appropriate services.

We do not disclose your personal information to overseas recipients. We have a privacy policy that is available on request. That policy provides guidelines on the collection, use, disclosure and security of your information. To ensure the process of quality supports and services, information about you may be given to other service providers who also provide you services.

Declaration and Consent.

Please read the declaration below carefully and then sign it.

This information I have given on this form is complete and true. I agree to it being used by Life Health Services (LHS) to assess my housing and support needs.

I consent to Life Health Services or any other partner agencies seeking and acquiring additional information from other agencies and relevant persons, in order to assist my application for Support Accommodation.

I consent to Life Health Services sharing the information that I have given, or that has been given about me, with relevant partner agencies on a 'need to know' basis.

Name: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

