

**START
HERE**

STEP 1 - ABOUT ME (The applicant)

First name*

Last name*

Date of birth*

Phone number

Email*

NDIS ID #

Address

Gender M F

ATSI Non-Indigenous

Tenants preferred communication

Primary Diagnosis

Secondary Diagnosis

Likes

Dislikes

People who are important to me

NEXT OF KIN AND EMERGENCY CONTACT

Name

Phone number

Email

Is a Guardianship Order in Place? Y N

Emergency contact name

Emergency contact phone

Emergency contact email

EPOA

STEP 2 - MY HOUSING

SDA funding (\$)

SDA design, build type approved

SIL funding (\$) Ratio

Home and Living Outcome (Attach copy)

Where does tenant currently reside

Current FN Rent / Board payments

Are there any financial impacts that could prevent the tenant from being able to pay the rent/utilities?

Notice Period

When do you need housing by?

Do you have any long term housing goals?

Where did applicant previously reside?

How long did applicant reside there?

Rent paid

Reason for leaving

Where do you want to live? (include suburbs/ locations)

Who do you want to live with? Partner, child etc

Do you have frequent visitors who would stay at SDA?

Preferred build type?

House Duplex/ Villa Apartment

Other housing options explored?

How did you hear about Youngcare Housing?

STEP 3 - MY NEEDS

Does the participant own a pet? (provide details)

Smoking? Aversion to smoke? Y N Will a vehicle be kept at the premises overnight? Y N

Allergies

Please complete, or attach, the latest OT Functional Assessment.**Mobility/ Transfers (include assistance and equipment used)**

Transfer

Mobility

Transport/ Community Access

Weight

Height

Self-care (include assistance and equipment used)

Bathing

Toileting (continence/ aids)

Dressing

Grooming

Self-management

Meal preparation

Laundry

Using telephone/computer/iPad/tablet

Household cleaning

Shopping

Banking/ financial management

Medication management

Communication (include aids/ equipment used)

Behaviours of Concern

(Include: type of behaviour, PBSP, previous incidents/ property damage, restrictive practices, ability to share with other/ previous experience sharing with others.)

STEP 4 - EOI COMPLETED BY:

Name

Position

Date

Consent Form Completed? Y N

CONSENT TO SHARE INFORMATION FORM

This form must be completed and returned before Youngcare can make enquiries on your behalf.

Name

Date of birth

Gender M F

Address

State

Next of Kin / Advocate / Guardian

Name

Relationship to client

I {write name} _____ authorise a member of staff from Youngcare to request/share information pertaining to their involvement with me/or a member of my family with the following agencies/people:

SIL or Concierge provider/potential SIL or Concierge provider

Owner and Body Corporate

Property Manager

Government body (e.g. NDIA, NRSCH)

Family/Guardian or NOK

Support coordinator

Allied Health

Service/support provider

Other: _____

The request/sharing of information is to enable the representative from Youngcare to work with the information obtained in the best interests of myself/family. Youngcare agrees that this information will only be used for the purposes outlined above.

Signature_____
Please print name

Date:

A copy of this document should be provided to the person providing the consent

To complete this form, hit SUBMIT to email form to Youngcare or, SAVE FORM to save for later.