TRUE HANDS
QUALITY CARE MADE EASY

SDA/SIL application Intake

Purpose	This form is to be used for a person to apply for a position in SIL/ (SDA). Accommodation.		
Instructions	Please provide the information in each section below then email this form to *intake@truehands.com.au*		
Application date		**Preferred property** *(if known)*	

Applicant details

Participant Full Name			
NDIS Number			
Address			
Email		**Phone**	
Date of birth		**Gender identity**	
Primary diagnosis		**Secondary diagnoses**	

Do you identify as Aboriginal or Torres Strait Islander?

☐ Yes, Aboriginal	☐ Yes, Torres Strait Islander	☐ Yes, both Aboriginal and Torres Strait Islander	☐ No

What is your preferred language?		**Do you need an interpreter?**	☐ Yes	☐ No

Is SIL/SDA confirmed in your approved NDIS plan?	☐ Yes	☐ No	*If no, you will need to request a plan review or seek your SIL/ SDA eligibility confirmation urgently*
If yes, please specify the SIL/SDA Building Type			
If yes, please specify the SIL/ SDA Design Category			
If yes, please provide the SIL/SDA funding amount approved in the plan			

Support coordinator		**Organisation**	
Email		**Phone**	
Primary Contact Person			
Relationship to Participant			
Address			
Email		**Phone**	
Person Completing this form			
Relationship to Participant			
Address			
Email		**Phone**	

About you

Do you have a housemate preference? *(e.g.: gender, age, interests, cultural background)*	
Please tell us about your personality:	
Please tell us about your hobbies and interests:	

Your current support needs

Please attach any relevant assessments or reports

Current support*How do other people currently assist with your support needs? Do you have any formal support from service providers? What informal support do you have from family and friends?*

Person or agency name *(e.g.: my parents)*	**Description of support provided** *(e.g.: physical assistance with toileting)*

Communication.

How do you prefer to communicate? Please select all preferences.

☐ Verbally	☐ Non-verbally with vocalisations	☐ PECS
☐ Auslan	☐ Point and gesture	☐ Other methods *(please specify)*
☐ Makaton	☐ iPad	

Have you had a communication assessment?	☐ No	☐ Yes Who completed this assessment? Date of assessment: *Please attach a copy of your report then check this box:* ☐
How do you express your feelings?		
How do you understand others?		
If you communicate non-verbally, how do you make your needs known?		

Daily living skills.

Please tell us about the level of support you need to do the following activities.

Use the following descriptions to choose the best level of support for each activity.

- **No help** means you are fully independent and need no help from another person to complete the activity.
- **Uses aids** means you don't need help from another person, and you use an aid to do the activity by yourself
- **Prompting** means you need another person to give you reminders during the activity
- **Some support** means you need another person to prompt you, model the activity and give a you some hands-on support
- **Full support** means you need another person to physically help you do the activity

Support Activity	No help	Uses aids	Prompting	Some support	Full support	Please describe the support you need with this activity
Showering and bathing	☐	☐	☐	☐	☐	
Grooming	☐	☐	☐	☐	☐	
Dressing	☐	☐	☐	☐	☐	
Toileting	☐	☐	☐	☐	☐	
Eating	☐	☐	☐	☐	☐	
Cooking	☐	☐	☐	☐	☐	
Domestic activities	☐	☐	☐	☐	☐	
Using money	☐	☐	☐	☐	☐	
Decision making	☐	☐	☐	☐	☐	
Taking medication	☐	☐	☐	☐	☐	
Mobility	☐	☐	☐	☐	☐	

Do you use any equipment? ***This includes things like a hoist, walking frame, wheelchair, a commode, hearing aids and glasses***	☐ No	☐ Yes *Please describe the equipment you use*:
If you use equipment, do you need assistance to use the equipment?	☐ No	☐ Yes *Please describe the assistance you need*:
If you need assistance to use equipment, will staff require specific training to help you use the equipment?	☐ No	☐ Yes *Please describe the training staff will need*:

Day and night supports.

Which of the following best describes the support you need during the day?

☐ I always need support or supervision during the day.

☐ I need support or supervision during active times of the day, such as getting ready, meals and bedtime

How long can you be on your own for?	☐ Not at all	☐ 1 to 2 hours	☐ 3 hours or more

Which of the following best describes the support you need at night?

☐ Most of the time, I do not need support when I am sleeping

☐ I need support during sleeping.

Which of the following do you need support with at night?

☐ PEG nutrition ☐ Pressure care or repositioning ☐ Toileting	☐ Settling ☐ Behaviour ☐ Seizures or medical needs	☐ Other needs *(please specify)* Enter text here.

How many nights per week do you usually need night support?	☐ 1 or 2	☐ 2 to 3	☐ 3 to 4	☐ 5 and over
During nights, how long do you usually need support for?	☐ less than 30 minutes	☐ 30 minutes to 1 hour	☐ 1 to 2 hours	☐ 2 hours or more

Health		
Do you have any ongoing health, mental health, or medical issues?	☐ No	☐ Yes *Please describe your condition(s) and how this affects your life and your support needs*:
Do you have a chronic disease management plan, a mental health care plan or any other medical plans?	☐ No	☐ Yes *Please attach a copy of any relevant health care plans then check this box:* ☐
Do you take any medications or have any treatments?	☐ No	☐ Yes *Please attach details of your medications and any treatment plans then check this box:* ☐
Do you smoke?	☐ No	☐ Yes
Do you attend any regular health appointments?	☐ No	☐ Yes *Please list what each appointment is for, who it is with when it occurs and where it is held, if anyone usually attends with you and if you need support to attend*:
Do you have a recent occupational therapy report?	☐ No	☐ Yes Who completed this assessment? Date of assessment: *Please attach a copy of your report then check this box:* ☐

Getting around				
Do you need help to get around your community?	☐ No	☐ Yes *Please describe the help you need (e.g.: help with steps and uneven surfaces, getting into and out of vehicles)*:		
When you are out in the community, do you need any one-to-one support from a dedicated person?	☐ No	☐ Yes		
What mode of transport do you mainly use to travel to and from places?				
Do you have any of the following?	☐ Annual travel ticket Expiry:	☐ Concession card	☐ Taxi card	☐ Other transport card *(please specify)*

Do you need help to use public transport, taxis, and other transportation?	☐ No	☐ Yes *Please describe the help you need (e.g.: help reading timetables, help planning a journey, getting into and out of vehicles)*:

Vocation

What do you do during the day on weekdays (Monday to Friday)? ***If you regularly participate in any daytime activities, work, education, or training, please provide the names and addresses of places you attend.***	

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Activity name					
Time leave					
Time home					
Travel method					
Support needs					

Do you do any regular activities on Saturdays or Sundays?	☐ No	☐ Yes *Please provide details of your weekend activities, including names, location, start and finish times, travel methods and support needs:*
Are there any daytime activities you would like to do or explore in the future?		

Behaviour support

Do you have a recent history of behaviours for which you require support?	☐ No	☐ Yes – *please check the box beside the behaviours below.*	
	☐ Property damage ☐ Hurting others ☐ Throwing objects ☐ Sexualised behaviours ☐ Verbal aggression ☐ Self-harm or self injury	☐ Refusing to take medications ☐ Entering others' rooms ☐ Entering others' personal space without consent ☐ Absconding or leaving the residence without notice	☐ Other behaviour *(please specify)* Enter text here.

Please tell us more about behaviours that you need support with.

Behaviours	What is the purpose of the behaviour?	What triggers the behaviour?	How often does it occur?	What is the impact of the behaviour for you?	What works well to reduce the chance of the behaviour occurring?

Do you have a behaviour support plan?	☐ No	☐ Yes *Please attach a copy of your plan then check this box:* ☐
Do you have a human relations assessment?	☐ No	☐ Yes Who completed this assessment? Date of assessment: *Please attach a copy of your assessment then check this box:* ☐
Do you have a risk assessment for any of your behaviours or behaviour support needs? ***(e.g.: fire or evacuation risk assessment)***	☐ No	☐ Yes Who completed this assessment? Date of assessment: *Please attach a copy of your assessment then check this box:* ☐
Do you do anything else that other people living with you might find disruptive?	☐ No	☐ Yes *Please check the box beside the behaviours below.*

☐ Removing yourself from conversations or groups ☐ Not reacting when spoken to ☐ Alerting staff	☐ Vocalising loudly when distressed ☐ Ignoring directions from staff ☐ Reacting physically	☐ Making loud noises ☐ Other behaviour *(please specify)*

How would you react if someone you lived with acted in a way you found disruptive? ***For example, if a person disturbing a quiet environment, someone showing a lack of awareness of public versus private space, a housemate coming into your personal space.***	

Is there anything else you'd like to tell us about the behaviour supports you need?

Consent and declaration

You or your authorised representative* must provide consent for the Specialist Disability Accommodation application (SDA) SIL and information provided in the application (and requested assessments and reports) to be used in the following ways:

- To create a file (electronic and/or paper)
- To be seen by external agencies for an SIL / SDA vacancy
- For statistical reporting (information is de-identified)

* Your representative may be a primary carer, family member, advocate, or an appointed guardian. A paid worker such as a case manager or support worker cannot be your representative.

Written consent

I have been informed and consent to the use of information in the application for any Specialist Disability Accommodation dwelling vacancy that I am applying for. I understand that this information may be provided to external agencies for this purpose. I also understand that this consent allows for information in this application to be used for statistical reporting.

I declare that I have provided all information relevant to my application for SIL/SDA and the information given on this form is true and correct to the best of my knowledge.

Name		**Date**	
Signature			

If you are signing as a representative of the person applying for specialist disability accommodation with TRUE HANDS PTY LTD, please provide your relationship to the person:

Click or tap here to enter text.

Verbal consent

This section is only to be used where it is not practicable to obtain written consent

I have discussed the purpose and disclosure of this information with the applicant or their representative and I 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.

Name of person providing verbal consent		**Relationship or Organisation**	

TRUE HANDS Approval

Name			
Signature			
Role		**Date**	