Request for Home and Living Supports

Home and living supports can assist you to live independently, and improve your living, household and management, social, communication, and behavioural management skills.

## Who can complete this form?

Participants or a person acting on their behalf, such as a family member, friend or guardian. In this form we use the term ‘You’ and ‘Your’. This is referring to the NDIS participant.

You can fill out this form electronically or print and complete it using a blue or black pen.

## What is this form for?

This form is to let the National Disability Insurance Agency (NDIA) know you need home and living supports in your plan and those supports cannot be met through mainstream, community, informal or other supports. This form can be used to start the process without having to go through a Planner or Local Area Coordinator.

This form helps the NDIA identify home and living supports to meet your needs.

Once the form has been completed and returned:

* The NDIA will review your request.
* If there is not enough information, we will let you know what we need.
* We will let you know the outcome and the next steps.

## The NDIS may provide funding for the following home and living supports:

* Support so that you can explore different housing options.
* Support to help you with developing skills for independence.
* Modifications or assistive technology to make your current home more accessible.
* Support and help to complete day-to-day tasks.
* Specialised supports for care and accommodation for people with very complex needs.

# How to return this form

There are a few ways you can return this form to us:

* Email: enquiries@ndis.gov.au
* Mail: NDIA, GPO Box 700, Canberra ACT 2601
* In person: Visit a **Local Area Coordinator** or **NDIS office** in your area.

# 1. Participant details

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Date of birth DD/MM/YYYY | DD/MM/YYYY |
| Current address | Click or tap here to enter text. |
| NDIS number | Click or tap here to enter text. |

# 2. Reason for this request

## 2.1 What is your main reason for this request?

Mark ‘Yes’ for **only** the reasons that apply to you.

| **Your reason for this request** | **Only mark if ‘Yes’** |
| --- | --- |
| I want to live more independently | [ ]  Yes |
| I want to move out of home for the first time | [ ]  Yes |
| I want to move closer to my family/friends/work/school/friends | [ ]  Yes |
| The health or age of my primary carer | [ ]  Yes |
| I don’t have enough informal supports | [ ]  Yes |
| I am experiencing/have experienced family/domestic violence | [ ]  Yes |
| I am experiencing/have experienced family or relationship breakdown | [ ]  Yes |
| Community housing | [ ]  Yes |
| My current housing arrangement is overcrowded | [ ]  Yes |
| I am not able to live with my immediate family | [ ]  Yes |
| My current lease has ended or is ending soon | [ ]  Yes |
| I received an eviction notice | [ ]  Yes |
| I have received a warrant of possession | [ ]  Yes |
| I have received a notice of termination/my tenancy is at risk | [ ]  Yes |
| I can’t pay my rent/my rent is unaffordable | [ ]  Yes |
| I am a homeowner and I am experiencing mortgage stress | [ ]  Yes |
| My current property is substandard | [ ]  Yes |
| My current property is dangerous/in need of repairs | [ ]  Yes |
| Design restricts daily living activities – such as bathing or mobility | [ ]  Yes |
| My current living arrangement aggravates my disability/medical condition | [ ]  Yes |
| I currently live in a residential aged care facility and would like to move out | [ ]  Yes |
| I am leaving hospital | [ ]  Yes |
| I am leaving care/child protection | [ ]  Yes |
| I am leaving a custodial setting | [ ]  Yes |

## 2.2 Is there another reason for your request?

[ ]  **No**. Move to the [next question](#_What_is_your).

[ ]  **Yes**. Please briefly describe it below.

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

# 3. Current living arrangement

## 3.1 What is your current living arrangement?

Mark ‘Yes’ **only** for the arrangement that best describes your situation in the table.

| **Your current living arrangement** | **Only mark if ‘Yes’** |
| --- | --- |
| Private home: owned by self/family/friends | [ ]  Yes |
| Private home: rented from private landlord | [ ]  Yes |
| Private home: rented from public authority | [ ]  Yes |
| Public housing | [ ]  Yes |
| Community housing | [ ]  Yes |
| Specialist Disability Accommodation (SDA) housing | [ ]  Yes |
| Aboriginal Community Housing | [ ]  Yes |
| Group home/SIL provider home | [ ]  Yes |
| Large residential (more than 20 people) | [ ]  Yes |
| Small residential (less than 20 people) | [ ]  Yes |
| Temporary/crisis accommodation | [ ]  Yes |
| Couch surfing | [ ]  Yes |
| Community services placement/foster care | [ ]  Yes |
| Voluntary Out of Home Care (VOOHC) | [ ]  Yes |
| Caravan | [ ]  Yes |
| No dwelling/street/park/in the open | [ ]  Yes |
| Motor vehicle | [ ]  Yes |
| Boarding/rooming house | [ ]  Yes |
| Emergency accommodation | [ ]  Yes |
| Hotel/motel/bed and breakfast | [ ]  Yes |
| Hospital (excluding psychiatric) | [ ]  Yes |
| Psychiatric hospital/unit | [ ]  Yes |
| Disability support Rehabilitation | [ ]  Yes |
| Adult correctional facility (jail/gaol) | [ ]  Yes |
| Youth/juvenile justice correctional centre (jail/gaol) | [ ]  Yes |
| Boarding school/residential college | [ ]  Yes |
| Aged care facility | [ ]  Yes |

## 3.2 Do you have a different living arrangement that is not listed above?

[ ]  **No**. Move to the [next question](#_Do_you_have).

[ ]  **Yes**. Please briefly describe it below.

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

# 4. Housing and living support goals

## 4.1 Do you have a housing and living support goal in your NDIS plan?

[ ]  **Yes**. Move to [Part 5](#_5._Support_to).

[ ]  **No.** Please write what your goal is below.

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

## 4.2 Do you want to add this goal or another housing and living goal to your plan at plan review?

[ ]  **Yes**, I want to add the goal I listed in [question 4.1](#_Do_you_have) above.

[ ]  **Yes**, I want to add a different goal to what I listed in [question 4.1](#_4.1_Do_you) above.

[ ]  **No**, I do not want to add any new goals.

# 5. Support to help you

## 5.1 What housing and living supports will best help you to meet your goals?

Mark ‘Yes’ **only** for the supports that you need.

| **What housing and living supports do you need?** | **Select ‘Yes’ for those you need** |
| --- | --- |
| Help with maintaining my current home environment | [ ]  Yes |
| Help with designing and developing my housing and living supports | [ ]  Yes |
| Help to find other people to live with | [ ]  Yes |
| Help with modifying my current home | [ ]  Yes |
| Help with personal care/daily life tasks at home | [ ]  Yes |
| Access to assistive technology and equipment | [ ]  Yes |
| Help to find a different home | [ ]  Yes |

# 6. Your current housing and living situation

## 6.1 Who do you currently live with?

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

## 6.2 How long have you lived in your current arrangement?

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

## 6.3 Where did you live before your current arrangement?

Please tell us the address, type of home, and living situation it was below.

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

## 6.4 How are you managing at home now?

Is there anything that is unsafe or impacting your daily activities at your current home? Please tell us below.

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

## 6.5 What is most important to you for your future living arrangements and support needs?

For example, this may be to have a safe and stable home, or be closer to friends and family, to have space for your children to visit, to be more independent, or to have an accessible home. Please tell us below.

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

## 6.6 Do you have any cultural, religious, lifestyle or personal preferences?

[ ]  **No.** Move to the [next question](#_6.7_Your_wellbeing).

[ ]  **Yes.** Please tell us below.

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

## 6.7 How would a change to your current living arrangement or supports, improve your overall wellbeing or functioning?

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

## 6.8 Do you receive assistance right now from a carer or support person?

[ ]  **No.** Move to the [next question](#_6.9_Is_there).

[ ]  **Yes.** Please tell us their details are and what they do for you below.

| Name of carer or support person | Click or tap here to enter text. |
| --- | --- |
| Contact phone number | Click or tap here to enter text. |
| What support do they provide for you? | Click or tap here to enter text. |

## 6.9 Is there anything else you would like to tell us about your current housing and living situation?

[ ]  **No**. Move to the [next question](#_Please_tell_us).

[ ]  **Yes**. Please tell us below.

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

# 7. How you manage tasks

## 7.1 How do you manage everyday tasks?

Please tell us your ability with the tasks listed below. Mark **only one** for each tasklisted.

| **Task** | **Can do** | **With help** | **Cannot do** |
| --- | --- | --- | --- |
| Housework | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Transport | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Shopping | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Cooking/meal preparation | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Managing money | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Using a phone | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Home/lawn maintenance  | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Walking | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Climbing stairs | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Transfers | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Bed mobility | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Carrying/moving items | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Accessing the community | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Washing yourself | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Using the toilet | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Dressing yourself | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Eating | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Drinking | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Communicating | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Taking your medication | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Fire safety | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Personal safety | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| House safety | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Following a routine | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Making friends/relationships | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Maintaining boundaries | [ ]  Can do | [ ]  With help | [ ]  Cannot do |
| Managing my own behaviour | [ ]  Can do | [ ]  With help | [ ]  Cannot do |

# 8. Your health care needs

## 8.1 Do you need support with your health care needs?

Please tell us if you have any health care needs listed below. Select ‘Yes’ **only** for the health care need(s) that apply to you.

| **Your health care need(s)** | **Only mark if ‘Yes’** |
| --- | --- |
| Complex bowel care needs | [ ]  Yes |
| Intermittent catheterisation | [ ]  Yes |
| Wound care support | [ ]  Yes |
| Ventilator dependent | [ ]  Yes |
| Epilepsy | [ ]  Yes |
| Percutaneous endoscopic gastrostomy (PEG) tube feeding | [ ]  Yes |
| Diabetic management | [ ]  Yes |
| Bariatric care needs | [ ]  Yes |
| Nasogastric tube feeding | [ ]  Yes |
| Tracheostomy | [ ]  Yes |
| Post seizure PRN for unstable seizure activity | [ ]  Yes |
| Non-invasive Positive-Pressure Ventilation (NPPV) | [ ]  Yes |
| Bilevel Positive Airway Pressure (BiPAP) ventilation | [ ]  Yes |
| Constant Positive Airway Pressure (CPAP) ventilation | [ ]  Yes |

# 9. Assessments and reports

## 9.1 Have you completed or had a review of any of the plans or programs listed below in the last 12 months?

Select ‘Yes’ **only** for those that apply to you.

| **Plan or program** | **Only mark if ‘Yes’** |
| --- | --- |
| Behaviour support plan | [ ]  Yes |
| Restrictive practice authorisation | [ ]  Yes |
| Police protocol | [ ]  Yes |
| Mealtime management plan | [ ]  Yes |
| Nutrition and swallowing checklist | [ ]  Yes |
| Health care plan | [ ]  Yes |
| Hospital management plan | [ ]  Yes |
| Risk assessment | [ ]  Yes |
| Manual handling plan | [ ]  Yes |
| Communication plan | [ ]  Yes |
| Seizure management plan | [ ]  Yes |
| Toileting program | [ ]  Yes |

## 9.2 Have you completed or had a review of a plan or program that was not listed above?

[ ]  **No.** Move to the [next question](#_Do_you_currently).

[ ]  **Yes.** Please tell us below.

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

# 10. Assistive technology and home modifications

## 10.1 Do you currently use assistive technology or equipment?

[ ]  **No**. Move to the [next question](#_10.1_Have_you).

[ ]  **Yes**. Please tell us what it is below.

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

## 10.2 Have you had any home modifications done in the past?

[ ]  **No.** Move to the [next question](#_Do_you_receive).

[ ]  **Yes.** Please tell us what they were below.

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

# 11. Your decision-making

## 11.1 Do you receive any help with decision-making?

[ ]  **No.** Move to the [next question](#_12._Participant_acknowledgement).

[ ]  **Yes.** Please tell us who helps you below.

| Full name | Click or tap here to enter text. |
| --- | --- |
| Contact phone number | Click or tap here to enter text. |

## 11.2 What is your relationship with this person?

Please mark the relevant box below.

[ ]  They are my NDIS nominee.

[ ]  They are my legally appointed decision maker (please provide us with details of this appointment if not already provided).

[ ]  Other. Please tell us what your relationship with this person is below.

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

## 11.3 Did you receive any help with completing this form?

[ ]  **No.** Move to the [**next question**](#_11.4_What_is).

[ ]  **Yes**, it was the **person listed in** [**question 11.1**](#_11.1_Do_you) above. Move to [**part 12**](#_12._Acknowledgement).

[ ]  **Yes**, but it is a **different person** to the person listed in [**question 11.1**](#_Do_you_receive) above. Please tell us who has helped you below.

| Full name | Click or tap here to enter text. |
| --- | --- |
| Contact phone number | Click or tap here to enter text. |

## 11.4 What is your relationship with this person?

Please mark the relevant box below.

[ ]  They are my NDIS nominee.

[ ]  They are my legally appointed decision maker (please provide us with details of this appointment if not already provided).

[ ]  Other. Please tell us what your relationship with this person is below.

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

# 12. Participant consent

This is the consent you provide to the person(s) you have listed in [**part 11**](#_11._Your_decision-making) of this form.

## **12.1 What information, if any, do you give consent to share with this person?**

Please mark the relevant boxes below:

[ ]  A copy of all parts of my current NDIS plan.

[ ]  A copy of my current NDIS plan’s goals and aspirations.

[ ]  A copy of my current NDIS plan’s funding and support.

[ ]  Nil/not applicable.

[ ]  Other. Please specify below:

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

## **12.2 What actions, if any, do you give consent for this person to do on your behalf?**

[ ]  To request review of your plan, including due to change in circumstances.

[ ]  To request a review of a decision made by the NDIA.

[ ]  To make arrangements for a scheduled plan review.

[ ]  To assist with the submission and implementation of requests for Assistive Technology, Home Modifications, or other specific supports.

[ ]  To manage a complaint made by you.

[ ]  Nil/not applicable.

[ ]  Other. Please specify below:

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

## 12.3 What is the reason, if any, you are providing this person with consent?

Please mark the relevant boxes below:

[ ]  To complete and sign this Request for Housing and Living Supports.

[ ]  Nil/not applicable.

[ ]  Other. Please specify below:

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

## 12.4 Is there any other information you consent to share with this person?

[ ]  **No**. Move to the [next question](#_12.5_What_length).

[ ]  **Yes**. Please specify what this information is below.

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

## 12.5 What length of time, if any, you are providing the consent for?

Please mark **only one** of the boxes below.

[ ]  Ongoing.

[ ]  For the duration of my current NDIS plan.

[ ]  For a set time ending (DD/MM/YYYY): <insert date>.

[ ]  Once only.

[ ]  Nil/not applicable.

# 13. Acknowledgement

## 13.1 Participant acknowledgement.

**Please note:** NDIS participants have other options instead of signing here. If you are unable to sign here, you can direct someone aged 18 and over to sign, in the section below called ‘Delegate acknowledgement’. Someone else can also sign the ‘Delegate acknowledgement’ if you have provided consent for them to act on your behalf in [**part 12**](#_12._Participant_consent) above.

[ ]  **I have been directly involved** in this Housing and Living Supports Request and the information recorded in this form reflects my wishes.

| Participant’s full name | Click or tap here to enter text. |
| --- | --- |
| Participant’s signature | Click or tap here to enter text. |
| Date (DD/MM/YYYY) | Click or tap to enter a date. |

## 13.2 Delegate acknowledgement

**Please note: This section is only to be completed if the participant is unable to sign above.** Instead, their chosen delegate must be aged 18 and over and can sign below.

[ ]  **As the participant’s delegate, I have sought at all times for the participant’s input, decision-making and preferences to be at the centre of this Housing and Living Supports Request. I endorse the information in this form.**

| Delegate’s full name | Click or tap here to enter text. |
| --- | --- |
| Delegate’s signature | Click or tap here to enter text. |
| Date (DD/MM/YYY) | Click or tap here to enter text. |

## 13.3 What is your relationship with the participant?

Please mark the relevant box below to indicate your relationship to the participant.

[ ]  I am their NDIS Nominee.

[ ]  I am their legally appointed decision maker (please provide us with details of this appointment if not already provided).

[ ]  Other. Please tell us what your relationship to the participant is below.

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

# Privacy and your personal information

## Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the *National Disability Insurance Scheme Act 2013* and the *Privacy Act 1988*. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

## Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will NOT use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

## The NDIA’s privacy policy describes

* how we use your personal information
* why some personal information may be given to other organisations from time to time
* how you can access the personal information we have about you on our system
* how you can complain about a privacy breach, and how the NDIA deals with the complaint
* how you can get your personal information corrected if it is wrong.

You can read the policy at the [www.ndis.gov.au/privacy](http://www.ndis.gov.au/privacy).

## Personal information storage

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can’t record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.