

# APPLICATION FORM

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Specialist Disability Accommodation (SDA)  
Tenant Application

## About AccessAccom

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AccessAccom is a registered SDA provider with the aim to increase high quality housing that enables independence and community inclusion for people with disabilities.

AccessAccom offers a range of purpose-built Specialist Disability Accommodation properties across Sydney and NSW, each designed with accessible interiors, the latest in home automation technology, and opportunities for supported independent living.

## Property You Are Applying For

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Property Name / Address:

Does this property include on-site shared support?      YES      NO

## Application Instructions

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Please try to answer all questions. All the information you give us is used to determine your eligibility and suitability.

## Checklist

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**Before giving this form back, you need to:**

- Fill in this form
- Attach Supporting Documents (reports < 2 years old)
- Attach a copy of your NDIS Plan
- Attach 2 x reference letters (See last page)

## Need help completing this form?

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If you need this form in a different format, or need someone to help you fill it in, please call us on 1800 692 223 or email [enquiries@accessaccom.com.au](mailto:enquiries@accessaccom.com.au).

We can provide assistance over the phone, in person, or through your support coordinator.

## Applicants Information

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Full Name:

Date of Birth:

### NDIS Status - Tick the one that best describes you:

NDIS Participant with a plan

Waiting for first plan

Waiting for plan meeting

Waiting for eligibility

Not NDIS eligible

NDIS Number:

Male

Female

Non-Binary

Email Address:

Phone Number:

### Preferred contact:

Phone

Email

Post

Interpreter needed?

YES

NO

If yes, specify language:

### Who is filling out this form?

Date of Completion:

Me (applicant)

Someone else (details below)

Full Name:

Phone:

Relationship:

Role:

Organisation:

Email:

## Authority & Communication

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### Authority to complete on behalf of applicant

Power of Attorney

Legal Guardian

Public Guardian

Plan Nominee

Support Coordinator

Family Member

Other:

### Who we talk to

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Me (applicant)      Someone else (details below)

Full Name:

Phone:

Relationship to applicant:

Organization:

Email Address:

Residential Address:

Interpreter required?      YES      NO

If yes, specify language:

## What is your primary disability?

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Acquired Brain Injury

Cerebral Palsy

Spinal Cord Injury

Progressive Neurological Condition

Other - please provide details:

Please tell us about your disability (e.g. when diagnosed, injury/accident details):

Do you have any other disabilities? (e.g. hearing loss, vision impairment, mental illness)

Do you need support to make decisions?      YES      NO

If yes, details:

## Current living arrangement

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Home I own

Rented home

Boarding house / SRS

Nursing Home / RAC

Group Home / Shared

Existing SDA

Hospital

Other - please specify:

## Funding Details

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### Who do you live with?

- By myself
- Family/Friends
- Other people with disability
- Elderly people
- Other:

### Source of income (not NDIS funding)

- Disability Pension
- Income Insurance
- Paid Work
- Private Income
- Other:

SDA Funding in plan?      YES      NO

### Design category:

- HPS      Fully Accessible      Improved Livability      Robust
- Robust with breakout

### Number of Residents:

- 1      2      3

## Funding Details (continued)

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### Building type:

Apartment      Villa/Duplex      House      Group House

Location funded for:

Total SDA amount:

### Additional funding

Support Coordination funding  
Allied health assessment funding  
Goal to move (not started looking)

### Non-NDIS funding

State Government  
Motor Accidents  
Dept Veterans Affairs  
WorkCover  
Funds in Court  
Public Trustee  
No funding  
Other:

Past compensation payout?      YES      NO

Seeking compensation now?      YES      NO

### Unpaid support

Parent  
Partner  
Friend/Neighbour  
No unpaid supports  
Other:

## Tell Us More About You

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What kind of unpaid support? How many hours? How often?

Why would you like to move?

### Do you want to:

Live on your own

Live with 2-3+ people

Live with partner/children/friend/other

Goals for independent living?

### Design features needed (tick more than one):

Emergency Communication

Ceiling Hoist

Widened door frames

Adjustable Benchtops

Home Automation

Emergency Power

Controlled Temperature

Bathroom modifications

Not Sure

## More About You

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Other features you may need:

Please list all equipment you use daily:

### Movement inside home

Walk without assistance

Walk with equipment

Walk with help from a person

Wheelchair (Powered/Manual)

### Wheelchair transfer

By myself

With someone watching

With physical help

Hoist with one person

Hoist with two people

## More About You (continued)

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### Movement outside home

- Walk without assistance
- Walk with equipment
- Walk with help
- Wheelchair (Powered/Manual)

### Community transport

- Taxi/Public Transport alone
- Taxi/Public Transport with someone
- Modified vehicle (someone drives)
- Drive own modified vehicle

### Communication

- Talk & understand without help
- Talk & understand with help
- Need help to stay on track
- Use communication device

Tell us more about how you communicate:

## Devices & Behaviour

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### Device independence:

	Independent	Help setup	Verbal	Supervision	Physical	Do not use
Mobile phone						
Laptop/Computer						
Tablet						
TV Remote						
Room Temperature						
Alert System						

### Do any of these describe you?

- Trouble controlling anger
- Act without thinking
- Swear inappropriately
- Make others uncomfortable
- Trouble understanding others
- Trouble remembering (arguments)
- Unable to express feelings
- Words/situations make me angry

# Behaviour & Support

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Behaviour Support Plan?      YES      NO

If yes, please attach Behaviour Support Plan when returning this application.

Managing living close to others (e.g. sharing spaces, seeing others in hallways, sometimes loud noises)

# Daily support requirements

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Morning:

Day Time:

Evening:

## Support & Activities

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Overnight supports?      YES      NO

If yes, describe:

### Other care needs

Pressure area care

Asthma

PEG management

Epilepsy

Tracheostomy

Diabetes

Catheter care

Other:

### Mark how you complete each activity:

Activity	Independent	Help setup	Verbal	Supervision	Physical	Do not do
Eating/Drinking						
Meal choices						
Meal preparation						
Shopping						
Dressing/undressing						
Choosing clothes						
Showering						
Brushing teeth						

# Activities & Weekly Schedule

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Activity	Independent	Help setup	Verbal	Supervision	Physical	Do not do
Grooming						
Toileting						
Taking medication						
Household tasks						
Planning activities						
Managing money						
Community access						

## How you spend your days:

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MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

SUNDAY:

## Safety & Housing Journey

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### Can you be on your own?

Alone - no one in building. Time:

Alone - someone in building. Time:

### How do you call for help?

Voice/call out

Alarm pendant/button

Telephone

Move and find someone

Cannot - need regular checks

How often checked?

Other housing looked at:

Health/safety risks where you live?

## Support Agreement & References

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### On-Site Shared Support

If the property includes on-site shared support, do you agree with the following?

Some of my NDIS funding will be used to pay a staff member to be in the building at all times. This is extra to my other individual supports.

YES      NO

### Declaration

Criminal conviction resulting in a custodial sentence?      YES      NO

If yes, details:

## References

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**We require 2 reference letters from people who know you well.**

### Referee 1

Name:

Phone:

Relationship:

### Referee 2

Name:

Phone:

Relationship:

## Submission & Privacy

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**Please check that all documents listed on the checklist at the start of this application are attached and return them along with this form to:**

[enquiries@accessaccom.com.au](mailto:enquiries@accessaccom.com.au)

AccessAccom will email or call you to let you know that we have received all your paperwork. AccessAccom will keep all of your personal information private.

### Privacy Notice

The information collected in this form will only be disclosed to AccessAccom staff and the on-site shared support provider for the properties you are applying for in order to make a decision about your application for tenancy.

This information will be stored, used and disclosed in accordance with our Privacy Policy. For more information, please refer to our full privacy policy:

### [AccessAccom Privacy Policy](#)

#### **AccessAccom Pty Ltd**

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