

| Application for special accommodation requirements for tenants |
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| *For current public housing tenants and their household members* |

# Who can apply?

Current public housing tenants or their household members who have special accommodation requirements due to a medical condition or disability.

If you are a social housing applicant, please complete the Special Accommodation Requirements (SAR) form which can be found at the [housing website](http://www.housing.vic.gov.au/) <www.housing.vic.gov.au> or contact your local Department of Health and Human Services office.

# Who completes this form?

Section A should be completed by the person who needs special accommodation requirements. Sections B, C and D should be completed by the treating health practitioner supporting the applicant. See Section B2 for the types of health professionals that can fill in this form.

# How to apply

Fill in this application to tell us about your special accommodation requirements, including if you need:

* Minor modifications, such as grab rails, lever tap or cooling systems such as air conditioning. Access or minor modification works can generally be made to any public housing property
* Installation of major modifications such as internal fire safety sprinkler systems and full modifications such as wheelchair accessibility.

# Further information

* For grabrails, handrails and some other special accommodation requirement types, it is also important to provide diagrams from an Occupational Therapist to ensure they can be fitted according to your needs.
* For major modifications, a property inspection will need to be carried out to determine if the property is suitable for these adjustments.

# Get this document in another format

If you would like to receive this form in another format, visit the [housing website](http://www.housing.vic.gov.au/) <www.housing.vic.gov.au> or contact your local Department of Health and Human Services office. Section A – About you (the person with special accommodation requirements)

The person listed in this section is the applicant for special accommodation requirements.

# Need more information?

Visit the department’s [housing website](http://www.housing.vic.gov.au/) <www.housing.vic.gov.au> or contact your local Department of Health and Human Services office.

# Filling in this form

Use black or blue pen, write in CAPITAL letters and mark boxes with an X.

# OFFICE USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Date received |  | Received by |  |
| Application complete | Yes |  | No |  |
| Date registered |  | Service ID |  |

# Section A – About you (the person with special accommodation requirements)

## A1 Your name (as it appears on official documents)

**Your title:** (mark with an ‘X’ as applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mr** |  | **Miss** |  | **Ms** |  | **Mrs** |  | **Dr** |  | **Other** |  |  |
| **First given name** |  |
| **Second given name**  |  |
| **Family name** |  |
| **Do you have a name you would prefer us to call you by?** |
| **No** |  | **Yes** |  | **If yes, what is it?** |  |
| **Have you ever used, or been known by any other name? (For example, name at birth, maiden name, previous married name, alias)** |
| **No** |  | **Yes** |  | **If yes, what is it?** |  |

## A2 **Date of birth**

|  |
| --- |
| < |

## **A3 Gender**

(Mark with an ‘X’ as applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Male** |  | **Female** |  | **Indeterminate** |  | **Intersex** |  | **Other** |  |

## A4 **Tenancy Service ID**

|  |
| --- |
| < |

## A5 **What is your postal address?**

(You may use a ‘care of’ address in situations of family violence or homelessness.)

|  |  |
| --- | --- |
| **Postal address** |  |
| **P O Box** |  |
| **Suburb/Town** |  |
| **State** |  | **Postcode** |  |

## A6 **What is your residential address?**

(Mark with an ‘X’ as applicable)

|  |  |
| --- | --- |
| **Same as postal address provided above** |  |
| **Residential address** |  |
| **Suburb/Town** |  |
| **State** |  | **Postcode** |  |

## A7 **Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone Landline** |  | **Mobile** |  |
| **Email address** |  |

## A8 Do you require an interpreter when speaking with us?

This includes interpreters for languages other than English, and for people who have a hearing or speech impairment.

(Mark with an ‘X’ as applicable)

|  |  |  |
| --- | --- | --- |
| **No** |  | **If no, go to Section B** |
| **Yes** |  | **If yes, what is your preferred language?** |  |

## A9 Is the person with the special accommodation requirements a participant of the National Disability Insurance Scheme (NDIS)?

|  |  |
| --- | --- |
| **No** |  |
| **Yes** |  |

If yes, please provide your NDIS reference number:

|  |
| --- |

Please provide the contact details of your NDIS Support Coordinator:

|  |
| --- |

## Declaration, acknowledgement and consent by applicant

**This section is to be completed by the person applying for special accommodation requirements for their current public housing property.**

I declare that all the information requested in this application for special accommodation requirements has been provided, and is true and correct.

I acknowledge that I must advise the Department of Health and Human Services if my circumstances change and update the department with any details that are relevant to my application.

I authorise the Director of Housing, or officers acting on behalf of the Director of Housing to confirm information concerning this application with people and organisations I have previously nominated, including if applicable, the treating health practitioner that has completed Sections B, C and D of this application.

**WARNING:** If you wilfully give information that is untrue in this application, you may be liable to penalties under section 40 of the *Housing Act 1983* (VIC).

|  |  |
| --- | --- |
| **Full name of applicant** |  |
| **Signature of applicant**  | *< (Please sign by hand)>* |
| **Date** |  |

**STOP** – Section B, C and D should only be completed by the health practitioner, support worker or other relevant professional that is relevant to the special accommodation requirement(s) being requested.

# Section B – Treating health practitioner details

**This section should only be completed by the treating health practitioner relevant to the special accommodation requirement.**

A health practitioner is defined as an individual practising a recognised specialty in one of the health professions outlined in the Health Practitioner Regulation National Law Act 2009 (VIC), and is registered under that law, (other than as a student).

## B1 Name of treating health practitioner

|  |
| --- |
|  |

## B2 Select the health profession/s which you are registered with under the Health Practitioner Regulation National Law Act 2009 (VIC)

 (Please mark all boxes that apply with an ‘X’)

|  |  |  |  |
| --- | --- | --- | --- |
| **General Practitioner** |  | **Psychologist** |  |
| **Occupational Therapist**  |  | **Psychiatrist** |  |
| **Specialist (please specify)** |  |
| **NDIS Support Coordinator** |  |
| **Other (please specify)**  |  |

## B3 **Treating health practitioner business address or stamp**

|  |  |
| --- | --- |
| **Address** |  |
| **Suburb/Town** |  | **Postcode** |  |

## B4 Treating health practitioner c**ontact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone Landline** |  | **Mobile** |  |
| **Email address** |  |

## B5 Applicant’s medical or disability condition

**The treating health practitioner must complete this question in the box below.**

**Describe below the applicant’s medical condition or disability and how it relates to their special accommodation requirement/s in their current residence.**

|  |
| --- |
|  |

# Section C – Requirements: Property type

**This section should only be completed by the treating health practitioner. Answer questions only in relation to the applicant for special accommodation requirements.**

The type of housing needed because the applicant:

* has limited mobility or a medical or mental health condition
* needs minor modifications such as grabrails or lever taps
* needs major modifications such as internal fire safety sprinklers or a bathroom stepless shower
* needs a wheelchair accessible property

## C1 **Does the applicant have difficulty with access to their current residence?**

**If so, describe if this is related to entering the residence due to multiple steps or because of internal steps or stairs.**

**What changes could be made to the current residence to make it accessible for the applicant?**

 **.**

|  |
| --- |
|  |

## If these changes cannot be made to the current residence, what kind of property best suits the applicant’s needs?

|  | *Mark with an X* |
| --- | --- |
| Up to one flight of external stairs/no internal stairs |  |
| Up to 1-4 entrance stairs/no internal stairs/no lift |  |
| 1-4 entrance stairs/lift access/an occasional flight of stairs |  |
| Ground floor access/no external or internal stairs/ramp access/no lift |  |

## C2 Modifications required

**Does the applicant require any of the following modifications on an ongoing basis as a result of a medical condition or disability?**

For grabrails, handrails and some other special accommodation requirement types, it is also important to provide diagrams from an Occupational Therapist to ensure they can be fitted according to your needs.

**Minor modifications:**

(Please mark all boxes that apply with an ‘X’)

|  |  |  |  |
| --- | --- | --- | --- |
| **Handrails** |  | **Lever door handles** |  |
| **Grab rails** |  | **Shower or bath seat** |  |
| **Lever taps** |  | **Lowered rails in wardrobes** |  |
| **Hand held shower sets** |  | **Clothes dryer exhaust duct**  |  |
| **Hearing Aid support** |  | **Wheelchair charging bay** |  |

**Major modifications:***(Please mark all boxes that apply with an ‘X’)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional hard-wired smoke detectors**  |  | **Accessible doors** |  |
| **Bath hoist** |  | **Bath tub required** |  |
| **Bathroom stepless shower** |  | **Bedroom hoist** |  |
| **Disabled toilet** |  | **Disability bath installed** |  |
| **Floor waste drains** |  | **Internal fire safety sprinkler system** |  |
| **Kitchen lowered benches** |  | **Laundry lowered benches** |  |
| **Lowered hand basin** |  | **Non-slip floor** |  |
| **Ramp access** |  | **Relocation of power outlets or light switches** |  |
| **Special security (entry)** |  | **Step in shower size** |  |
| **Wheelchair accessible car park** |  |  |  |

## C3 Medical heating/cooling or air conditioning

**Complete this question for medical heating/cooling or air conditioning requests only.**

**Select the medical condition or disability experienced by the applicant for medical heating/cooling or air conditioning.**

**The qualifying conditions for the provision of medical heating/cooling are:**

(Please mark all boxes that apply with an ‘X’)

|  |  |  |  |
| --- | --- | --- | --- |
| **Parkinson’s Disease** |  | **Multiple Sclerosis** |  |
| **Lymphoedema** |  | **Fibromyalgia** |  |
| **Systemic Lupus Erythematosus** |  | **Motor Neurone Disease** |  |
| **Quadriplegia** |  | **Scleroderma** |  |
| **Muscular Dystrophy**  |  | **Poliomyelitis or Post Poliomyelitis Syndrome** |  |

The below medical conditions or disabilities may also be considered:

|  |  |  |  |
| --- | --- | --- | --- |
| **Chronic Obstructive Pulmonary Disease** |  | **Heart Condition (severe)** |  |
| **Cerebral Palsy** |  | **Chronic Fatigue Syndrome otherwise known as Myalgic Encephalomyelitis**  |  |
| **Stroke** |  | **Emphysema (severe)** |  |
| **Epilepsy (uncontrolled)** |  | **Cystic Fibrosis** |  |
| **Cancer (major organ)** |  | **Renal failure otherwise known as kidney failure** |  |
| **Myasthenia Gravis** |  | **Other (where details are provided)** |  |

Please provide any other details below about the applicant’s requirement to maintain a stable room temperature due to their medical condition or disability:

|  |
| --- |
|  |

# Section D – Declaration by treating health practitioner

**This section is only to be completed by the treating health practitioner.**

I declare that the person named in Section A of this application has the specific housing requirements as detailed in this form as a result of a medical condition or disability.

**Print full name of treating health practitioner**

|  |
| --- |
|  |

**Signature of treating health practitioner**

|  |  |  |
| --- | --- | --- |
|  | **Date** |  |

**Please note:** This declaration must be provided by a health practitioner registered under the *Health Practitioner Regulation National Law Act 2009* (VIC) to practise in a health profession (other than as a student).

# Information privacy

The Department of Health and Human Services is committed to protecting the privacy of your personal information. Personal information is information which directly or indirectly identifies a person. We need to collect and handle your personal information in order to be able to process your application. All the information you give us will be handled in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

If you are using other department programs we may share some of your information with them to help us coordinate better services for you. We will not use your information for any other purpose other than those listed on these forms, to provide services to you, or without your consent, unless the law requires us to do so.

You can access your information through the *Freedom of Information Act 1982* or through the *Privacy and Data Protection Act 2014*. For information about Freedom of Information requests, call 9096 8449, go to the [department’s website](https://www.dhhs.vic.gov.au/) <www.dhhs.vic.gov.au> or email dhhsfoi@dhs.vic.gov.au

For further information about Privacy, call: 1300 884 706 or email: privacy@dhhs.vic.gov.au

# Language Link

This publication is about housing. If you have difficulty reading English, you can get help with this publication. Please contact your local office or call Language Link on (03) 9328 0799 for an interpreter.



# For other languages, an interpreter is available through your local office.