

SPECIAL ACCOMMODATION REQUIREMENTS

Victorian
housing register
application

Use this form to request specific types of housing or live in a specific area because of a medical condition or disability.

Special accommodation requirements can be related to yourself or anyone who will live with you when you get housing.



FILLING IN THIS FORM

Use **blue** or **black** pen.

Write in **CAPITAL** letters.

Mark boxes with a or .

SECTION A

APPLICANT'S DETAILS

In this section, we ask for the details of the person who is the owner (primary applicant) of the Victorian Housing Register application.

Q1 → **Title** Mr Mrs Miss Ms Prof Dr Other

Q2 → **First name**

Q3 → **Middle name**

Q4 → **Last name**

Q5 → **Date of birth**

Q6 → **Gender** Male Female Indeterminate Intersex Other

Q7 → **Application number**

Q8 → **Telephone**



SUBMITTING THIS FORM

Take or send this form to the Department of Health and Human Services office that is managing your application, or give or send this form to us with your Register of Interest and/or Priority Access applications.

OFFICE USE ONLY	Date received	Received by	Date registered	Service ID	Complete?
	/ /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Need help or want this document in another format? Go to housing.vic.gov.au or contact your local Department of Health and Human Services office.

SECTION B
YOUR DETAILS

In this section, we ask for the details of the person who has the special accommodation requirements.

Q9 → **Title** Mr Mrs Miss Ms Prof Dr Other

Q10 → **First name**

Q11 → **Middle name**

Q12 → **Last name**

Q13 → **Date of birth**

Q14 → **Gender** Male Female Indeterminate Intersex Other

Q15 → **Are you a participant of the National Disability Insurance Scheme (NDIS)?**

No Yes

If yes, please provide the contact details of your NDIS support provider:

SECTION C
YOUR NEEDS

Location needs

A location need is a need for housing in a specific area so that you can continue to access ongoing specialist treatment, care or education.

Q16 → **Do you need to live in a specific area to access medical facilities or support providers because they are not available anywhere else?**

No Yes

Q17 → **If yes, which area, and why?**

Q18 → **Do you receive care from family or friends for a medical condition or disability?**

No Yes

Q19 → **Do you have difficulty getting to the medical facilities, support services or receiving care from friends?**

No Yes

Q20 → **Do you need access to schools offering specialised education?**

No Yes

Q21 → **If yes, which schools do you need to access?**

Q22 → **Do you need to avoid being housed in a specific area?**

For example, this might include areas where there is a risk of family or other violence, or somewhere that would put you at risk of re-engaging in illicit drug activity.

No Yes

Q23 → **If yes, which areas do you need to avoid, and why?**

Property type needs

A type of housing you need because you:

- have limited mobility or a medical or mental health condition;
- need minor modifications such as grab rails or lever taps;
- need major modifications such as internal fire safety sprinklers, cooling systems, air conditioning;
- need full modifications to make a property wheelchair accessible; or
- need an extra bedroom because of a medical need.

Q24 → **Select the access types you cannot manage:**

- Up to one flight of external stairs / no internal stairs
- One to four entrance stairs / lift access / an occasional flight of internal stairs
- Up to one to four entrance stairs / no internal stairs / no lift
- Ground floor access / no internal or external stairs / ramp access / no lift

Q25 → **Select the housing types you cannot manage:**

- Medium-density (a dwelling in a multi-unit development of between two and five storeys)
- Low-density, attached (One of two or more dwellings, physically joined to other units by a common wall or roof)
- Low-density, detached (Single dwelling, not attached to another property in any way)

Q26 → Do you need changes to the property because of a medical condition or disability?

- No Yes

Q27 → If yes, tell us which ones:

- | | | |
|--|--|---|
| <input type="checkbox"/> Minor Modifications | <input type="checkbox"/> Major Modifications | <input type="checkbox"/> Full Disability Modifications |
| <input type="checkbox"/> Handrails | <input type="checkbox"/> Disabled/Step-less shower | <input type="checkbox"/> Full kitchen modifications |
| <input type="checkbox"/> Grab rails | <input type="checkbox"/> Disabled toilet | <input type="checkbox"/> Full laundry modifications |
| <input type="checkbox"/> Lever door handles | <input type="checkbox"/> Bedroom and bathroom hoist | <input type="checkbox"/> Fully modified wheelchair accessible property |
| <input type="checkbox"/> Modified taps | <input type="checkbox"/> Wheelchair access to some parts of the property | <input type="checkbox"/> Other modifications (please specify) |
| <input type="checkbox"/> Hand held shower set | <input type="checkbox"/> Internal fire safety sprinkler system | <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| <input type="checkbox"/> Shower/bath seat | <input type="checkbox"/> Wheelchair charging bay | |
| <input type="checkbox"/> Lowered hand basin | | |
| <input type="checkbox"/> Step in Shower | | |
| <input type="checkbox"/> Lowered rails in wardrobes | | |
| <input type="checkbox"/> Lowered benches or shelves | | |
| <input type="checkbox"/> Relocation of power outlets and/or light switches | | |
| <input type="checkbox"/> Hard-wired smoke detectors | | |
| | | |
| | | |

i Some changes, due to their nature, will need endorsement and/or detailed installation instructions from an occupational therapist before they can be installed.

Q28 → Do you need an extra bedroom for any of the following reasons?

- Specific medical condition
- Medical equipment
- Full time, live-in care
- Rostered, 24 hour care
- Other

Q29 → Do you need a medical cooling system like an air conditioner?

- No Yes

SECTION D

DECLARATION, ACKNOWLEDGEMENT & CONSENT

I declare that all the information requested in this application for special housing 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 or professional that has completed Section E 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)*.

Applicant's full name

Applicant's signature



Date

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 1300 650 172 or apply online at foi.vic.gov.au. For further information about privacy, call 1300 884 706 or email privacy@dhhs.vic.gov.au

SECTION E

PROFESSIONAL DETAILS



STOP

This section should only be completed by the health practitioner, support worker or other relevant professional (for example, the Principal of a specialist school) that is relevant to the special accommodation requirement(s) being requested.

Q30 → **Name of professional**

Q31 → **What is your profession?**

- General practitioner
- Support worker
- Occupational therapist
- Other
- Psychologist
- Psychiatrist
- Specialist – field

Business address or stamp

Q32 → **Telephone**

Q33 → **Email address**



When completing this form it is important to distinguish (wherever possible) between those **accommodation requirements which are critical to the client's wellbeing**, as opposed to those which may be preferable or ideal. For example, the client may be a patient at a local health service; however, is it essential that the client remains in a specific location in order to continue to receive required treatment from this service, or are there alternative services available elsewhere that can provide the same treatment?

Q34 → **What medical condition or disability does the applicant experience?**

- Parkinson's Disease
- Lymphoedema
- Multiple Sclerosis
- Fibromyalgia
- Systematic Lupus Erythematosus
- Motor Neurone Disease
- Quadriplegia
- Scleroderma
- Muscular Dystrophy
- Poliomyelitis or Post Poliomyelitis Syndrome
- Chronic Obstructive Pulmonary Disease
- Other
- Heart Condition (severe)
- Cerebral Palsy
- Chronic Fatigue Syndrome otherwise known as Myalgic Encephalomyelitis
- Stroke otherwise known as Cerebro Vascular Accident
- Emphysema (severe)
- Epilepsy (uncontrolled)
- Cystic Fibrosis
- Cancer (major organ)
- Renal failure otherwise known as Kidney failure
- Myasthenia Gravis

LANGUAGELINK

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

English

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) 9280 0799 for an interpreter.

中文 Simplified Chinese

这是一份关于住房的出版物。如果你英语阅读有困难，可以获得帮助。请联系本地办事处或拨打 (03) 9280 0791 联系 Language Link 要求口译员协助。

繁體中文 Chinese

本刊物有關住房資訊。假如您閱讀英語有困難，您可以尋求瞭解本刊物內容的幫助，請聯絡本地公房辦事處或撥打翻譯熱線 (03) 9280 0789。

Hrvatski Croatian

Ova publikacija sadrži informacije o stambenom smještaju. Ako ovu brošuru ne razumijete zato što je pisana na engleskom, imate pravo na pomoć. Molimo vas, kontaktirajte svoj mjesni ured ili nazovite Language Link na broj (03) 9280 0792 i spojiti će vas se sa tumačem.

Polski Polish

Niniejsza informacja dotyczy kwestii mieszkaniowych. Jeśli masz trudności z czytaniem po angielsku, możesz otrzymać pomoc w zrozumieniu tej publikacji. Prosimy zwrócić się do swojego lokalnego biura lub zadzwonić do Language Link pod numer (03) 9280 0793 i poprosić o ustnego tłumacza.

Af-Soomaali Somali

Daabacaadan waxay ku saabsan tahay gurisiinta. Haddii aad qabto dhibaato xaga aqriska Ingiriisiga, waxaad caawimaad ka helaya daabacaadan. Fadlan la xiriir xafiiska degaankaaga ama ka wac Language Link taleefanka (03) 9280 0795 wixii la xiriira turjumaanka.

русский язык Russian

Эта публикация касается жилищных вопросов. Если вам трудно прочитать ее по-английски, то вам может быть предоставлена помощь. Вы можете обратиться в свой местный жилищный отдел или связаться с переводчиком, позвонив на Языковую линию (Language Link) по номеру (03) 9280 0794.

Español Spanish

Esta publicación es sobre vivienda. Si tiene dificultad para leer inglés, se le puede ayudar con esta publicación. Por favor póngase en contacto con su oficina local o llame a Language Link en el (03) 9280 0796.

Türkçe Turkish

Bu yayın konular hakkındadır. İngilizce okumakta güçlük çekiyorsanız, bu yayınlara ilgili yardım alabilirsiniz. Lütfen yerel ofisinizle ilişkiye geçin veya bir tercüman için (03) 9280 0797'den Dil Bağlantısı'nı arayın.

Tiếng Việt Vietnamese

Ấn phẩm này nói về vấn đề nhà ở. Nếu quý vị gặp khó khăn đọc tiếng Anh, quý vị có thể được giúp đỡ để hiểu ấn phẩm này. Xin hãy liên lạc với văn phòng địa phương hoặc gọi cho Language Link theo số (03) 9280 0798 để có thông dịch giúp đỡ.

عربي Arabic

هذه النشرة هي عن الإسكان. إذا كان لديكم صعوبة في قراءة اللغة الإنكليزية، يمكنكم تلقي المساعدة لفهم هذه النشرة. رجاءً اتصلوا بالمكتب المحلي في منطقتكم أو اتصلوا برابط اللغة Language Link على الرقم (03) 9280 0790 لطلب مترجم شفهي.

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