SPECIAL ACCOMMODATION REQUIREMENTS

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?
☐ Yes ☐ 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.

09 → Title
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Prof ☐ Dr ☐ Other

010 → First name

011 → Middle name

012 → Last name

013 → Date of birth

014 → Gender
☐ Male ☐ Female ☐ Indeterminate ☐ Intersex ☐ Other

015 → 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.

016 → 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

017 → If yes, which area, and why?

018 ➔ **Do you receive care from family or friends for a medical condition or disability?**

☐ No  ☐ Yes

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

☐ No  ☐ Yes

020 ➔ **Do you need access to schools offering specialised education?**

☐ No  ☐ Yes

021 ➔ **If yes, which schools do you need to access?**


022 ➔ **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

023 ➔ **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.

024 ➔ **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

025 ➔ **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:
   □ Minor Modifications
   □ Handrails
   □ Grab rails
   □ Lever door handles
   □ Modified taps
   □ Hand held shower set
   □ Shower/bath seat
   □ Lowered hand basin
   □ Step in Shower
   □ Lowered rails in wardrobes
   □ Lowered benches or shelves
   □ Relocation of power outlets and/or light switches
   □ Hard-wired smoke detectors

   □ Major Modifications
   □ Disabled/Step-less shower
   □ Disabled toilet
   □ Bedroom and bathroom hoist
   □ Wheelchair access to some parts of the property
   □ Internal fire safety sprinkler system
   □ Wheelchair charging bay

   □ Full Disability Modifications
   □ Full kitchen modifications
   □ Full laundry modifications
   □ Fully modified wheelchair accessible property
   □ Other modifications (please specify)

   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
☐ 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
☐ Other
Describe below the applicants medical condition or disability and:

- How it relates to their special housing requirements.
- How it is essential for their health and wellbeing that they move from where they live now.

### DECLARATION BY PROFESSIONAL

This section is only to be completed by the treating health practitioner, support worker or other relevant professional.

I declare that the person named in Section B of this application has the specific housing requirements as detailed in this form as a result of a medical condition or disability, or their safety is at risk.

**Full name**

**Signature**

**Date**
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.