

Special Accommodation Requirements   
application form

Victorian Housing Register

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# **Instructions**

**Use this form to request specific types of housing or to live in a specific area because of a medical condition, disability or due to a safety risk.** Special Accommodation Requirements can be related to yourself or anyone who will live with you when you get housing.

## Filling in this form

**Sections C to F to be completed by your** **health practitioner, designated service provider or other relevant professional.**

If handwriting, please use **black** or **blue** pen and write in **CAPITAL** letters. Mark boxes with a ‘**X’ where requested.**

## Submitting this form

**Mail to:**

**Victorian Housing Register**

**Department of Families, Fairness and Housing**

**PO BOX 102**

**Morwell VIC 3840**

**When you mail this form, no postage stamp is required.**

**You can also take it to any Department** of Families, Fairness and Housing office.

**If the required documents are not provided with this form, we cannot complete the assessment.**

# Section A: Primary 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.

| Required information | Answer |
| --- | --- |
| Your full name |  |
| Application number |  |

# Section B: Person who has the Special Accommodation Requirements

Complete this section with details of the person who has the Special Accommodation Requirements.

| Required information | Answer |
| --- | --- |
| Title (e.g. Mr, Ms, Dr) |  |
| Full name (including middle name) |  |
| **Date of birth** |  |
| **Gender** |  |
| **Phone number** |  |
| **Postal address** |  |
| Residential address |  |
| Email |  |
| Are they a participant of the National Disability Insurance Scheme (NDIS)? |  |
| NDIS reference number (if applicable) |  |
| Contact details of the NDIS support provider (if applicable) |  |

# Section C: Professional details

## Stop!

This section and the remainder of the Special Accommodation Requirements form should only be completed by the health practitioner, designated service provider or other appropriate professional (for example, the principal of a specialist school) that is relevant to the Special Accommodation Requirements being requested.

| Required information | Answer |
| --- | --- |
| Name of professional |  |
| What is your profession? (e.g. GP, OT, psychologist, support worker) |  |
| Business address |  |
| **Phone number** |  |
| **Postal address** |  |

# Section D: What are the Special Accommodation Requirements they need?

When completing this form, it is important to distinguish (wherever possible) between those **accommodation requirements that are critical to the client’s wellbeing** from those that may be preferable or ideal.

For example, the client may be a patient at a local health service. Is it essential that the client remains in a specific location to continue to receive required treatment from this service or are there alternative services available elsewhere that can provide the same treatment?

Not all properties will have the Special Accommodation Requirements that are requested. Speak with the local Department of Families, Fairness and Housing office to determine whether there are properties suitable to meet your client’s special accommodation needs.

## Location needs

A location need is a need for housing in a specific area so that the person can access ongoing specialist treatment, care, education or due to a safety risk.

| Question | Yes or No |
| --- | --- |
| Does the person need to live in a specific area to access medical facilities or designated service provider because they are not available anywhere else? |  |
| Does the person receive ongoing regular support from family or friends or rostered care for a medical condition or disability? |  |
| Does the person have difficulty with accessing medical facilities, designated service provider or receiving care from family or friends? |  |
| Does the person need access to schools offering specialised education? |  |
| Does the person need to exclude any specific locations?[[1]](#footnote-1) |  |

If you answered yes to any of the above, please explain why and provide details in the box below.

|  |
| --- |
|  |

## Property needs

| Question | Yes or No |
| --- | --- |
| Does the person need modifications to the property because of a medical condition or disability? |  |

If you answered yes, tell us which using the tables below. (Items marked with \* are not available in moveable units.) If you answered no, go to the ‘extra bedroom’ question that follows.

Minor modifications

| Modification type | Mark with an ‘X’ |
| --- | --- |
| Clothes dryer exhaust duct\* |  |
| Grabrails |  |
| Hand held shower set |  |
| Handrails |  |
| Hearing aid support |  |
| Lever door handles |  |
| Lever taps |  |
| Lowered rails in wardrobes |  |
| Shower or bath\* seat |  |
| Wheelchair charging bay |  |

Major modifications

| Modification type | Mark 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** |  |

Full disability modifications

| Modification type | Mark with an ‘X’ |
| --- | --- |
| Full disability modifications |  |
| Wheelchair accessible dwelling |  |

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

### Does the person need an extra bedroom for any of the following reasons?

| Reason | Mark with an ‘X’ |
| --- | --- |
| Medical condition |  |
| Medical equipment |  |
| Live-in or rostered carer (full time) |  |
| Other (please specify) |  |

### Air-conditioning

| Question | Yes or No |
| --- | --- |
| Does the person need a heating/cooling system, such as an air conditioner, for a medical condition? |  |

### What kind of property best suits the person’s needs?

| Property type | Mark with an ‘X’ |
| --- | --- |
| Can manage any property type |  |
| Up to one flight of external stairs / no internal stairs |  |
| Up to 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 |  |

### What best describes the required property type?

| Property type | Mark with an ‘X’ |
| --- | --- |
| Medium-density: a dwelling in a multi-unit development of between 2 and 5 storeys |  |
| Low-density, attached: 1 of 2 or more dwellings, physically joined to other units by a common wall or roof |  |
| Low-density, detached: a single dwelling, not attached to another property in any way |  |

# Section E: Medical or disability needs

### What medical condition or disability does the applicant experience?

| Medical condition or disability | Mark with an ‘X’ |
| --- | --- |
| Parkinson’s disease |  |
| Heart condition (severe) |  |
| Lymphoedema |  |
| Cerebral palsy |  |
| Multiple sclerosis |  |
| Fibromyalgia |  |
| Motor neurone disease |  |
| Emphysema (severe) |  |
| Quadriplegia |  |
| Epilepsy (uncontrolled) |  |
| Scleroderma |  |
| Cystic fibrosis |  |
| Muscular dystrophy |  |
| Cancer |  |
| Poliomyelitis or post poliomyelitis syndrome |  |
| Renal failure |  |
| Chronic obstructive pulmonary disease |  |
| Myasthenia gravis |  |
| Systematic lupus erythematosus |  |
| Stroke |  |
| Chronic fatigue syndrome |  |
| Other (please specify) |  |

### Describe the person’s medical condition or disability:

* How does it relate to their Special Accommodation Requirements?
* How is it essential for their health and wellbeing that the recommended Special Accommodation Requirements are approved?
* How is it essential for their health and wellbeing that they move from where they live now?

|  |
| --- |
|  |

# Section F: Declaration

## Declaration by professional

This section is only to be completed by the treating health practitioner, designated service provider or other relevant professional.

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

| Required information | Answer |
| --- | --- |
| Full name of professional |  |
| Professional’s signature |  |
| Date |  |

## Declaration by primary applicant

I hereby authorise the person and organisation named on this form to receive or provide information to the Chief Executive Officer, Homes Victoria, Department of Families, Fairness and Housing or officers acting on behalf of the Chief Executive Officer.

**By signing this form, you consent to the organisation named above being contacted about your application.**

I authorise the Chief Executive Officer, Homes Victoria, Department of Families, Fairness and Housing or officers acting on behalf of the Chief Executive Officer Homes Victoria to confirm information concerning this application with the professionalnamed in Section C of this form.

I declare that all the information I have provided in the application is true and correct.

I understand that as the primary applicant I have sole responsibility within my household to respond on all matters about my application.

I acknowledge that I must advise the Department of Families, Fairness and Housing (the department) if my circumstances change and update the department with any details that are relevant to my application.

| Required information | Answer |
| --- | --- |
| Applicant’s full name |  |
| Applicant’s signature |  |
| Date |  |

Information privacy

We are committed to protecting the privacy of your personal information. Personal information is information that directly or indirectly identifies a person. We need to collect and handle your personal information to be able to process your application. We will handle all the information you give us in keeping with the:

* *Privacy and Data Protection Act 2014*
* *Health Records Act 2001*.

If you are using other departmental programs, we may share some of your information with them to help us coordinate better services for you.

We will use your information:

* for the purposes listed on these forms
* to provide services to you
* for purposes you consent to.

We will not use your information for any other purpose unless the law requires us to do so.

You have a right to access your information under the:

* *Freedom of Information Act 1982*, and
* *Privacy and Data Protection Act 2014*.

For information about freedom of information requests:

* call 1300 151 883, or
* make an online FOI request at [Making a Freedom of Information request](https://www.dffh.vic.gov.au/making-freedom-information-request) https://www.dffh.vic.gov.au/making-freedom-information-request.

For more information about privacy:

* see the department’s privacy policy at [Department of Families, Fairness and Housing Privacy policy](https://www.dffh.vic.gov.au/publications/privacy-policy) https://www.dffh.vic.gov.au/publications/privacy-policy
* email the Feedback, External Oversight and Privacy unit [feedback@dffh.vic.gov.au](mailto:feedback@dffh.vic.gov.au)
* call the department on 1300 884 706.

# Language link

This publication is about housing. If you speak a language other than English or have difficulty reading written information, you can get help over the telephone. For more information:

* visit [Housing.vic Interpreter services](https://www.housing.vic.gov.au/interpreter-services) https://www.housing.vic.gov.au/interpreter-services, or
* [contact your local housing office](https://www.dffh.vic.gov.au/contact-us) https://www.dffh.vic.gov.au/contact-us (See, Housing enquiries and offices), or
* call Language Link on (03) 9280 0799 for an interpreter.

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

To receive this document in another format, email the Victorian Housing Register [VictorianHousingRegister@homes.vic.gov.au](mailto:VictorianHousingRegister@homes.vic.gov.au)

**[Office use only]**

| Date received | Received by | Date registered | Service ID | Complete? (Yes or No) |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

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Available at [Forms & Guides | Housing.vic.gov.au](https://www.housing.vic.gov.au/about/forms-guides) https://www.housing.vic.gov.au/about/forms-guides

1. For example, this might include areas where there is a risk of family or other violence, or where there is a negative impact on their wellbeing. [↑](#footnote-ref-1)