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| Special accommodation requirements |
| Accessible version |

# **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.

## Pen icon Filling in this form

**To be completed by your health practitioner, designated service provider or other relevant professional.**

Use **blue** or **black** pen. Write in **CAPITAL** letters. Mark boxes with a **X**

## Envelope icon Submitting this form

**Mail to:**

**Victorian Housing Register**

**Department of Families, Fairness and Housing**

**Reply paid 933**

**MOE VIC 3825**

**No postage stamp 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.**

## Need help?

Need help or want this document in another format? Go to [Housing.vic’s Social housing page](https://www.housing.vic.gov.au/social-housing) <https://www.housing.vic.gov.au/social-housing> or contact your local [Department of Families, Fairness and Housing office](https://www.dhhs.vic.gov.au/locations-dhhs-offices-victoria) <https://www.dhhs.vic.gov.au/locations-dhhs-offices-victoria>

For more information about special accommodation requirements for social housing, please refer to the Clients with special accommodation requirements guidelines, available from the Department of Families, Fairness and Housing [Funded Agency Channel website](https://fac.dffh.vic.gov.au/clients-special-accommodation-requirements) <https://fac.dffh.vic.gov.au/clients-special-accommodation-requirements>.

# 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.

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### Q1 Name

|  |
| --- |

### Q2 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.

### Q3 Title

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  | **Prof** |  | **Dr** |  | **Other** |

|  |
| --- |

### Q4 First name

|  |
| --- |

### Q5 Middle name

|  |
| --- |

### Q6 Last name

|  |
| --- |

### Q7 Date of birth

### Q8 Gender

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

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### Q9 Telephone

|  |
| --- |

### Q10 Email

**Q11 Are you a participant of the National Disability Insurance Scheme (NDIS)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No** |  | **Yes** | If no, go to **Question 14** |

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**Q12 Please provide your NDIS reference number**

**Q13 Please provide the contact details of your NDIS support provider:**

|  |
| --- |
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# Section C

## Professional details

### Exclamation mark icon 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.

|  |
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### Q14 Name of professional

### Q15 What is your profession?

|  |  |  |  |
| --- | --- | --- | --- |
|  | General practitioner |  | Social Worker/Support worker |
|  | Psychologist |  | NDIS Support Coordinator |
|  | Psychiatrist |  | Occupational therapist |

|  |  |  |
| --- | --- | --- |
|  | Specialist |  |
|  | Other |  |

### Q16 Business address or stamp

|  |
| --- |
|  |

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### Q17 Telephone

|  |
| --- |

### Q18 Email 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 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. 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.

### Q19 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?

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

### Q20 Does the person receive ongoing regular support from family or friends or rostered care for a medical condition or disability?

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

### Q21 Does the person have difficulty with accessing medical facilities, designated service provider or receiving care from family or friends?

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

### Q22 Does the person need access to schools offering specialised education?

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

### Q23 Does the person need to exclude any specific locations?

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.

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

### Q24 If yes to any of the above, please explain why and provide details

|  |
| --- |
|  |

### Property needs

### Q25 Does the person need modifications to the property because of a medical condition or disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No** |  | **Yes** | If no, go to **Question 26** |

#### If yes, tell us which:

 Items marked with \* are not available in moveable units.

|  | Minor Modifications |  | Major Modifications |  | | Major Modifications (cont.) |
| --- | --- | --- | --- | --- | --- | --- |
|  | Clothes dryer exhaust duct\* |  | Additional hard-wired smoke detectors |  | Kitchen lowered benches | |
|  | Grabrails |  | Accessible doors |  | Laundry lowered benches | |
|  | Hand held shower set |  | Bath hoist\* |  | Lowered hand basin | |
|  | Handrails |  | Bath tub required\* |  | Non-slip floor | |
|  | Hearing Aid support |  | Bathroom stepless shower |  | Ramp access | |
|  | Lever door handles |  | Bedroom hoist\* |  | Relocation of power outlets or light switches | |
|  | Lever taps |  | Disabled toilet |  | Special security (entry) | |
|  | Lowered rails in wardrobes |  | Disability bath installed\* |  | Step in shower size | |
|  | Shower or bath\* seat |  | Floor waste drains |  | Wheelchair accessible car park | |
|  | Wheelchair charging bay |  | Internal fire safety sprinkler system |  |  | |

|  | Full disability modifications |
| --- | --- |
|  | 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.



**Q26** **Does the person need an extra bedroom for any of the following reasons?**

|  |  |  |
| --- | --- | --- |
|  | Medical condition | |
|  | Medical equipment | |
|  | Live in or rostered carer (full time) | |
|  | Other |  | |

**Q27** **Does the person need a heating/cooling system, such as an air conditioner, for a medical condition?**

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

### Q28 What kind of property best suits the person’s needs?

|  |  |
| --- | --- |
|  | Can manage any property type |
|  | 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 |

### Q29 Select the following that best describes the required property type

|  |  |
| --- | --- |
|  | 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: a single dwelling, not attached to another property in any way |

# Section E

## Medical or disability needs

### Q30 What medical condition or disability does the applicant experience?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Parkinson’s Disease |  | Cystic Fibrosis |
|  | Heart Condition (severe) |  | Muscular Dystrophy |
|  | Lymphoedema |  | Cancer |
|  | Cerebral Palsy |  | Poliomyelitis or Post Poliomyelitis Syndrome |
|  | Multiple Sclerosis |  | Renal failure |
|  | Fibromyalgia |  | Chronic Obstructive Pulmonary Disease |
|  | Motor Neurone Disease |  | Myasthenia Gravis |
|  | Emphysema (severe) |  | Systematic Lupus Erythematosus |
|  | Quadriplegia |  | Stroke |
|  | Epilepsy (uncontrolled) |  | Chronic Fatigue Syndrome |
|  | Scleroderma |  |  |

|  |  |  |
| --- | --- | --- |
|  | Other |  |

### Q31 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?

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# Section F

# 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.

| ****Full name**** |  |
| --- | --- |
| Signature |  |
| Date |  |

# 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) 9280 0799 for an interpreter.

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

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