

Request for Home and Living Supports

Home and living supports can assist you to live independently, and improve your living, household and management, social, communication, and behavioural management skills.

Who can complete this form?

Participants or a person acting on their behalf, such as a family member, friend or guardian. In this form we use the term 'You' and 'Your'. This is referring to the NDIS participant.

You can fill out this form electronically or print and complete it using a blue or black pen.

What is this form for?

This form is to let the National Disability Insurance Agency (NDIA) know you need home and living supports in your plan and those supports cannot be met through mainstream, community, informal or other supports. This form can be used to start the process without having to go through a Planner or Local Area Coordinator.

This form helps the NDIA identify home and living supports to meet your needs.

Once the form has been completed and returned:

- The NDIA will review your request.
- If there is not enough information, we will let you know what we need.
- We will let you know the outcome and the next steps.

The NDIS may provide funding for the following home and living supports:

- Support so that you can explore different housing options.
- Support to help you with developing skills for independence.
- Modifications or assistive technology to make your current home more accessible.
- Support and help to complete day-to-day tasks.
- Specialised supports for care and accommodation for people with very complex needs.

How to return this form

There are a few ways you can return this form to us:

- **Email:** enquiries@ndis.gov.au
- **Mail:** NDIA, GPO Box 700, Canberra ACT 2601



Form

- **In person:** Visit a **Local Area Coordinator** or **NDIS office** in your area.

Form

1. Participant details

Full name	Click or tap here to enter text.
Date of birth DD/MM/YYYY	DD/MM/YYYY
Current address	Click or tap here to enter text.
NDIS number	Click or tap here to enter text.

2. Reason for this request

2.1 What is your main reason for this request?

Mark 'Yes' for **only** the reasons that apply to you.

Your reason for this request	Only mark if 'Yes'
I want to live more independently	<input type="checkbox"/> Yes
I want to move out of home for the first time	<input type="checkbox"/> Yes
I want to move closer to my family/friends/work/school/friends	<input type="checkbox"/> Yes
The health or age of my primary carer	<input type="checkbox"/> Yes
I don't have enough informal supports	<input type="checkbox"/> Yes
I am experiencing/have experienced family/domestic violence	<input type="checkbox"/> Yes
I am experiencing/have experienced family or relationship breakdown	<input type="checkbox"/> Yes
Community housing	<input type="checkbox"/> Yes
My current housing arrangement is overcrowded	<input type="checkbox"/> Yes
I am not able to live with my immediate family	<input type="checkbox"/> Yes
My current lease has ended or is ending soon	<input type="checkbox"/> Yes
I received an eviction notice	<input type="checkbox"/> Yes
I have received a warrant of possession	<input type="checkbox"/> Yes

Form

Your reason for this request	Only mark if 'Yes'
I have received a notice of termination/my tenancy is at risk	<input type="checkbox"/> Yes
I can't pay my rent/my rent is unaffordable	<input type="checkbox"/> Yes
I am a homeowner and I am experiencing mortgage stress	<input type="checkbox"/> Yes
My current property is substandard	<input type="checkbox"/> Yes
My current property is dangerous/in need of repairs	<input type="checkbox"/> Yes
Design restricts daily living activities – such as bathing or mobility	<input type="checkbox"/> Yes
My current living arrangement aggravates my disability/medical condition	<input type="checkbox"/> Yes
I currently live in a residential aged care facility and would like to move out	<input type="checkbox"/> Yes
I am leaving hospital	<input type="checkbox"/> Yes
I am leaving care/child protection	<input type="checkbox"/> Yes
I am leaving a custodial setting	<input type="checkbox"/> Yes

2.2 Is there another reason for your request?

- No.** Move to the [next question](#).
- Yes.** Please briefly describe it below.

Click or tap here to enter text.

3. Current living arrangement

3.1 What is your current living arrangement?

Mark 'Yes' **only** for the arrangement that best describes your situation in the table.

Form



Your current living arrangement	Only mark if 'Yes'
Private home: owned by self/family/friends	<input type="checkbox"/> Yes
Private home: rented from private landlord	<input type="checkbox"/> Yes
Private home: rented from public authority	<input type="checkbox"/> Yes
Public housing	<input type="checkbox"/> Yes
Community housing	<input type="checkbox"/> Yes
Specialist Disability Accommodation (SDA) housing	<input type="checkbox"/> Yes
Aboriginal Community Housing	<input type="checkbox"/> Yes
Group home/SIL provider home	<input type="checkbox"/> Yes
Large residential (more than 20 people)	<input type="checkbox"/> Yes
Small residential (less than 20 people)	<input type="checkbox"/> Yes
Temporary/crisis accommodation	<input type="checkbox"/> Yes
Couch surfing	<input type="checkbox"/> Yes
Community services placement/foster care	<input type="checkbox"/> Yes
Voluntary Out of Home Care (VOOHC)	<input type="checkbox"/> Yes
Caravan	<input type="checkbox"/> Yes
No dwelling/street/park/in the open	<input type="checkbox"/> Yes
Motor vehicle	<input type="checkbox"/> Yes
Boarding/rooming house	<input type="checkbox"/> Yes
Emergency accommodation	<input type="checkbox"/> Yes
Hotel/motel/bed and breakfast	<input type="checkbox"/> Yes
Hospital (excluding psychiatric)	<input type="checkbox"/> Yes

Form

Your current living arrangement	Only mark if 'Yes'
Psychiatric hospital/unit	<input type="checkbox"/> Yes
Disability support Rehabilitation	<input type="checkbox"/> Yes
Adult correctional facility (jail/gaol)	<input type="checkbox"/> Yes
Youth/juvenile justice correctional centre (jail/gaol)	<input type="checkbox"/> Yes
Boarding school/residential college	<input type="checkbox"/> Yes
Aged care facility	<input type="checkbox"/> Yes

3.2 Do you have a different living arrangement that is not listed above?

- No.** Move to the [next question](#).
- Yes.** Please briefly describe it below.

Click or tap here to enter text.

4. Housing and living support goals

4.1 Do you have a housing and living support goal in your NDIS plan?

- Yes.** Move to [Part 5](#).
- No.** Please write what your goal is below.

Click or tap here to enter text.

4.2 Do you want to add this goal or another housing and living goal to your plan at plan review?

- Yes,** I want to add the goal I listed in [question 4.1](#) above.
- Yes,** I want to add a different goal to what I listed in [question 4.1](#) above.

Form

No, I do not want to add any new goals.

5. Support to help you

5.1 What housing and living supports will best help you to meet your goals?

Mark 'Yes' **only** for the supports that you need.

What housing and living supports do you need?	Select 'Yes' for those you need
Help with maintaining my current home environment	<input type="checkbox"/> Yes
Help with designing and developing my housing and living supports	<input type="checkbox"/> Yes
Help to find other people to live with	<input type="checkbox"/> Yes
Help with modifying my current home	<input type="checkbox"/> Yes
Help with personal care/daily life tasks at home	<input type="checkbox"/> Yes
Access to assistive technology and equipment	<input type="checkbox"/> Yes
Help to find a different home	<input type="checkbox"/> Yes

6. Your current housing and living situation

6.1 Who do you currently live with?

Click or tap here to enter text.

6.2 How long have you lived in your current arrangement?

Click or tap here to enter text.

6.3 Where did you live before your current arrangement?

Form

Please tell us the address, type of home, and living situation it was below.

Click or tap here to enter text.

6.4 How are you managing at home now?

Is there anything that is unsafe or impacting your daily activities at your current home?
Please tell us below.

Click or tap here to enter text.

6.5 What is most important to you for your future living arrangements and support needs?

For example, this may be to have a safe and stable home, or be closer to friends and family, to have space for your children to visit, to be more independent, or to have an accessible home. Please tell us below.

Click or tap here to enter text.

6.6 Do you have any cultural, religious, lifestyle or personal preferences?

- No.** Move to the [next question](#).
- Yes.** Please tell us below.

Click or tap here to enter text.

6.7 How would a change to your current living arrangement or supports, improve your overall wellbeing or functioning?

Form

Click or tap here to enter text.

6.8 Do you receive assistance right now from a carer or support person?

- No.** Move to the [next question](#).
- Yes.** Please tell us their details are and what they do for you below.

Name of carer or support person	Click or tap here to enter text.
Contact phone number	Click or tap here to enter text.
What support do they provide for you?	Click or tap here to enter text.

6.9 Is there anything else you would like to tell us about your current housing and living situation?

- No.** Move to the [next question](#).
- Yes.** Please tell us below.

Click or tap here to enter text.

7. How you manage tasks

7.1 How do you manage everyday tasks?

Please tell us your ability with the tasks listed below. Mark **only one** for each task listed.

Task	Can do	With help	Cannot do
Housework	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Transport	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Shopping	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do

Form



Task	Can do	With help	Cannot do
Cooking/meal preparation	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Managing money	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Using a phone	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Home/lawn maintenance	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Walking	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Climbing stairs	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Transfers	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Bed mobility	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Carrying/moving items	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Accessing the community	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Washing yourself	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Using the toilet	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Dressing yourself	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Eating	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Drinking	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Communicating	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Taking your medication	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Fire safety	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Personal safety	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
House safety	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Following a routine	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do

Form

Task	Can do	With help	Cannot do
Making friends/relationships	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Maintaining boundaries	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do
Managing my own behaviour	<input type="checkbox"/> Can do	<input type="checkbox"/> With help	<input type="checkbox"/> Cannot do

8. Your health care needs

8.1 Do you need support with your health care needs?

Please tell us if you have any health care needs listed below. Select 'Yes' **only** for the health care need(s) that apply to you.

Form

Your health care need(s)	Only mark if 'Yes'
Complex bowel care needs	<input type="checkbox"/> Yes
Intermittent catheterisation	<input type="checkbox"/> Yes
Wound care support	<input type="checkbox"/> Yes
Ventilator dependent	<input type="checkbox"/> Yes
Epilepsy	<input type="checkbox"/> Yes
Percutaneous endoscopic gastrostomy (PEG) tube feeding	<input type="checkbox"/> Yes
Diabetic management	<input type="checkbox"/> Yes
Bariatric care needs	<input type="checkbox"/> Yes
Nasogastric tube feeding	<input type="checkbox"/> Yes
Tracheostomy	<input type="checkbox"/> Yes
Post seizure PRN for unstable seizure activity	<input type="checkbox"/> Yes
Non-invasive Positive-Pressure Ventilation (NPPV)	<input type="checkbox"/> Yes
Bilevel Positive Airway Pressure (BiPAP) ventilation	<input type="checkbox"/> Yes
Constant Positive Airway Pressure (CPAP) ventilation	<input type="checkbox"/> Yes

9. Assessments and reports

9.1 Have you completed or had a review of any of the plans or programs listed below in the last 12 months?

Select 'Yes' **only** for those that apply to you.

Form

Plan or program	Only mark if 'Yes'
Behaviour support plan	<input type="checkbox"/> Yes
Restrictive practice authorisation	<input type="checkbox"/> Yes
Police protocol	<input type="checkbox"/> Yes
Mealtime management plan	<input type="checkbox"/> Yes
Nutrition and swallowing checklist	<input type="checkbox"/> Yes
Health care plan	<input type="checkbox"/> Yes
Hospital management plan	<input type="checkbox"/> Yes
Risk assessment	<input type="checkbox"/> Yes
Manual handling plan	<input type="checkbox"/> Yes
Communication plan	<input type="checkbox"/> Yes
Seizure management plan	<input type="checkbox"/> Yes
Toileting program	<input type="checkbox"/> Yes

9.2 Have you completed or had a review of a plan or program that was not listed above?

No. Move to the [next question](#).

Yes. Please tell us below.

Click or tap here to enter text.

10. Assistive technology and home modifications

10.1 Do you currently use assistive technology or equipment?

No. Move to the [next question](#).

Form

Yes. Please tell us what it is below.

Click or tap here to enter text.

10.2 Have you had any home modifications done in the past?

No. Move to the [next question](#).

Yes. Please tell us what they were below.

Click or tap here to enter text.

11. Your decision-making

11.1 Do you receive any help with decision-making?

No. Move to the [next question](#).

Yes. Please tell us who helps you below.

Full name	Click or tap here to enter text.
Contact phone number	Click or tap here to enter text.

11.2 What is your relationship with this person?

Please mark the relevant box below.

They are my NDIS nominee.

They are my legally appointed decision maker (please provide us with details of this appointment if not already provided).

Other. Please tell us what your relationship with this person is below.

Click or tap here to enter text.

11.3 Did you receive any help with completing this form?

No. Move to the [next question](#).

Form

- Yes**, it was the **person listed in [question 11.1](#)** above. Move to [part 12](#).
- Yes**, but it is a **different person** to the person listed in [question 11.1](#) above. Please tell us who has helped you below.

Full name	Click or tap here to enter text.
Contact phone number	Click or tap here to enter text.

11.4 What is your relationship with this person?

Please mark the relevant box below.

- They are my NDIS nominee.
- They are my legally appointed decision maker (please provide us with details of this appointment if not already provided).
- Other. Please tell us what your relationship with this person is below.

Click or tap here to enter text.

12. Participant consent

This is the consent you provide to the person(s) you have listed in [part 11](#) of this form.

12.1 What information, if any, do you give consent to share with this person?

Please mark the relevant boxes below:

- A copy of all parts of my current NDIS plan.
- A copy of my current NDIS plan's goals and aspirations.
- A copy of my current NDIS plan's funding and support.
- Nil/not applicable.
- Other. Please specify below:

Click or tap here to enter text.

12.2 What actions, if any, do you give consent for this person to do on your behalf?

Form

- To request review of your plan, including due to change in circumstances.
- To request a review of a decision made by the NDIA.
- To make arrangements for a scheduled plan review.
- To assist with the submission and implementation of requests for Assistive Technology, Home Modifications, or other specific supports.
- To manage a complaint made by you.
- Nil/not applicable.
- Other. Please specify below:

Click or tap here to enter text.

12.3 What is the reason, if any, you are providing this person with consent?

Please mark the relevant boxes below:

- To complete and sign this Request for Housing and Living Supports.
- Nil/not applicable.
- Other. Please specify below:

Click or tap here to enter text.

12.4 Is there any other information you consent to share with this person?

- No.** Move to the [next question](#).
- Yes.** Please specify what this information is below.

Form

Click or tap here to enter text.

12.5 What length of time, if any, you are providing the consent for?

Please mark **only one** of the boxes below.

- Ongoing.
- For the duration of my current NDIS plan.
- For a set time ending (DD/MM/YYYY): <insert date>.
- Once only.
- Nil/not applicable.

13. Acknowledgement

13.1 Participant acknowledgement.

Please note: NDIS participants have other options instead of signing here. If you are unable to sign here, you can direct someone aged 18 and over to sign, in the section below called 'Delegate acknowledgement'. Someone else can also sign the 'Delegate acknowledgement' if you have provided consent for them to act on your behalf in [part 12](#) above.

I have been directly involved in this Housing and Living Supports Request and the information recorded in this form reflects my wishes.

Participant's full name	Click or tap here to enter text.
Participant's signature	Click or tap here to enter text.
Date (DD/MM/YYYY)	Click or tap to enter a date.

13.2 Delegate acknowledgement

Please note: This section is only to be completed if the participant is unable to sign above. Instead, their chosen delegate must be aged 18 and over and can sign below.

Form

As the participant’s delegate, I have sought at all times for the participant’s input, decision-making and preferences to be at the centre of this Housing and Living Supports Request. I endorse the information in this form.

Delegate’s full name	Click or tap here to enter text.
Delegate’s signature	Click or tap here to enter text.
Date (DD/MM/YYYY)	Click or tap here to enter text.

13.3 What is your relationship with the participant?

Please mark the relevant box below to indicate your relationship to the participant.

- I am their NDIS Nominee.
- I am their legally appointed decision maker (please provide us with details of this appointment if not already provided).
- Other. Please tell us what your relationship to the participant is below.

Click or tap here to enter text.

Form

Privacy and your personal information

Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the *National Disability Insurance Scheme Act 2013* and the *Privacy Act 1988*. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will NOT use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

The NDIA's privacy policy describes

- how we use your personal information
- why some personal information may be given to other organisations from time to time
- how you can access the personal information we have about you on our system
- how you can complain about a privacy breach, and how the NDIA deals with the complaint
- how you can get your personal information corrected if it is wrong.

You can read the policy at the www.ndis.gov.au/privacy.

Personal information storage

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can't record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.