

Application for special accommodation requirements

Department of Human Services – Office of Housing

Please complete the form in **CAPITAL** letters.

This form is used to identify any special housing and/or location requirements as a result of the medical health needs of a household member.

This form is used to:

- (a) Support a Housing Application for Special Housing Needs (urgent medical need), **or**
- (b) Identify any special accommodation requirements for location or property access for a member of the household.

Requests for special accommodation requirements will be assessed in accordance with information contained in this form (including any other relevant documentation supplied by a medical practitioner/support worker), and in line with the relevant Office of Housing policies. Clients will be advised of the outcome of the assessment in writing.

Please note that there are **five (5) sections** to this form:

- **Section A:** Client details
- **Section B:** Form of authority
- **Section C:** Medical practitioner/support worker details and client medical history
- **Section D:** Request for special accommodation requirements
- **Section E:** Checklist and declaration by client

Please note:

- **Sections A, B and E** are required to be completed by the client.
- **Sections C and D** are required to be completed by the medical practitioner/support worker.

Clients should arrange an appointment with their medical practitioner/support worker to complete **Sections C and D**.

All information provided will be treated in confidence and in accordance with the *Health Records Act 2001* and the *Information Privacy Act 2000*.

This application can be withdrawn at any time by notifying your local housing office in writing. Collection of information necessary to assess the application will cease and the application will be withdrawn, upon receipt of the notification.

This information will only be used by the Office of Housing to assess your requirements for special accommodation requirements and will not be used or disclosed for any other purpose without your consent, or unless there is a legal requirement to do so.

Under the *Freedom of Information Act 1982*, clients can apply for access to their information held by the Office of Housing.

All relevant sections of this form should be completed to ensure the special accommodation requirements of the household are assessed in a timely manner. If all or part of the information requested is not provided, the Office of Housing may not be able to process the application. This may result in the non-approval of any special housing and/or location requirements.

Clients should forward the completed Application for special accommodation requirements to their nearest housing office. Refer to the **Office of Housing contact list** at the back of this form.

The Office of Housing is committed to allocating appropriate housing to clients.

Office use only

Application number: _____

Date stamp:

Section D

Request for special accommodation requirements

The medical practitioner/support worker should complete this section if their client requires:

- access to a specific location AND/OR
- property type AND/OR
- requires an extra or separate bedroom.

Request for location type requirement

Complete this section if your client requires housing in a location within a *waiting list area*¹:

(A) which enables *regular access*² to specific medical facilities or support providers where this would not be possible from all locations within a waiting list area.

Location requests **must** directly relate to the serious medical problem/s and must document:

- your client’s serious medical problem/s or support requirement, **AND**
- that the medical/support service is not available elsewhere, **AND**
- the access to the service is essential to the client’s ongoing health and without it their health will deteriorate, **AND**
- access to the medical/support service is not available from other localities within the waiting list area.

or

(B) where the client receives *care*³ from family or friends such that:

- the family member/friend providing the care cannot travel to all locations within a waiting list area, **OR**
- the client cannot travel to the carer from all locations within the waiting list area, **AND**
- access to the care is essential to the client’s health and without it their health will deteriorate.

or

(C) where the client or a household member attends a *special school*⁴ and access to the school is not available from all localities within a waiting list area. **Please note** that the Office of Housing will only grant an exemption for a specific locality within a waiting list area where it is determined that access to the school is not available from another locality within the client’s preferred waiting list area, or from localities within a neighbouring waiting list area.

1 Information on *waiting list areas* can be obtained from the local housing office.

2 *Regular access* generally refers to weekly or fortnightly visits.

3 *Care* is defined as providing regular assistance with everyday personal tasks such as mobility, medication administration or monitoring, food preparation; personal care such as bathing and dressing; or respite care.

4 *Special schools* are those with unique programs for students with learning or physical disabilities which cannot be accessed elsewhere.

1. Does your client need to access specific medical facilities or support providers in a particular area, that are not available elsewhere?

- No
- Yes. Please provide details of medical facilities or support providers presently used to substantiate location requirement:

2. How often does your client have to attend or receive care/ assistance from these medical facilities/support providers?

- Daily
- 2-3 times per week
- At least once a week
- Other. Please provide details:
- Once per fortnight
- Once per month
- Couple of times per year

3. Does your client receive care from family or friends?

- No. Go to **Question 5**
- Yes. Please tick appropriate box(es):

Everyday personal tasks. Please provide details:

Personal care. Please provide details:

Respite care. Please provide details:

Office of Housing contact list

Please note: Waiting list areas are made up of a number of adjoining suburbs and towns that are linked by public transport. Ask your local housing office about waiting list areas and the suburbs and towns they include.

Office	Address	Telephone	Facsimile
Ascot Vale	12 Churchill Avenue Ascot Vale 3032	9371 6200	9371 6226
Bairnsdale	66 McCulloch Street Bairnsdale 3875	5152 6244	5152 6572
Ballarat	Cnr Mair & Doveton Street Ballarat 3350	5333 6660	5333 6726
Benalla	26 Church Street Benalla 3672	5761 1222	5762 2594
Bendigo	41-43 Myers Street Bendigo 3550	5444 9999	5444 9900
Box Hill	883 Whitehorse Road Box Hill 3128	9843 6577	9843 6576
Broadmeadows	56 Coleraine Street Broadmeadows 3047	9309 1255	9302 1112
Carlton	480 Lygon Street Carlton 3053	9341 8200	9341 8299
Cheltenham	4-10 Jamieson Street Cheltenham 3192	8585 6200	8585 6203
Colac	54b Bromfield Street Colac 3250	5231 2574	5231 5932
Collingwood	229 Hoddle Street Collingwood 3066	9417 5144	9419 1281
Dandenong	4/311-19 Lonsdale Street Dandenong 3175	9767 8777	9793 5726
Fitzroy	90 Brunswick Street Fitzroy 3065	9417 7322	9419 2305
Flemington	12 Holland Court Flemington 3031	9376 4611	9372 1237
Footscray	21 Victoria Street Footscray 3011	9689 2311	9687 1561
Frankston	Level 1/431 Nepean Highway Frankston 3199	9784 3200	9784 3222
Geelong	Level 2, State Government Offices, Cnr Fenwick & Lt Mallop Street Geelong 3220	5226 4540	5226 4550
Hamilton	50 Thompson Street Hamilton 3300	5571 9114	5572 2451
Heidelberg	155 Oriel Road Heidelberg 3081	9458 3100	9457 5838
Horsham	21 McLachlan Street Horsham 3400	5381 9777	5381 9710
Mildura	253 Eleventh Street Mildura 3500	5022 3111	5022 3199
Morwell	25 Rintoul Street Morwell 3840	5133 0200	5133 9330
North Melbourne	33 Alfred Street North Melbourne 3051	9326 6377	9329 2373
Portland	Shop 12, 103 Percy Street Portland 3305	5523 1600	5523 5267
Prahran	259 Malvern Road South Yarra 3141	8517 2500	8517 2501
Reservoir	909 High Street Reservoir 3073	9474 4044	9474 4099
Richmond	112 Elizabeth Street Richmond 3121	9429 5174	9427 9146
Ringwood	25 Ringwood Road Ringwood 3134	9871 5199	9870 6688
Sale	52-54 Macarthur Street Sale 3850	5144 4166	5144 4001
Seymour	16 Station Street Seymour 3660	5793 6400	5792 3946
Shepparton	163 Welsford Street Shepparton 3630	5832 1500	5832 1851
South Melbourne	120 Clarendon Street Sth Melbourne 3205	8646 3600	8646 3601
Sunshine	16 Hertford Road Sunshine 3020	9312 5022	9312 2328
Swan Hill	17 Rutherford Street Swan Hill 3585	5032 4544	5032 0143
Wangaratta	43-47 Rowan Street Wangaratta 3677	5722 0555	5722 0577
Warrnambool	Archie Graham Centre 126 Timor Street Warrnambool 3280	5561 9444	5561 9400
Wodonga	55 Hovel Street Wodonga 3690	02 6055 7777	02 6055 7795