

SPECIAL ACCOMMODATION REQUIREMENTS

Victorian
housing register
application

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

Use **blue** or **black** pen.

Write in **CAPITAL** letters.

Mark boxes with a or .

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.

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**

Q9 → **Email**

SUBMITTING THIS FORM

Take or send this form to the Department of Health and Human Services office that is managing your application or submit this form along with your Register of Interest and/or Priority Access application/s.

OFFICE USE ONLY	Date received	Received by	Date registered	Service ID	Complete?
	/ /		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

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> 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.

Q10 → **Title** Mr Mrs Miss Ms Prof Dr Other

Q11 → **First name**

Q12 → **Middle name**

Q13 → **Last name**

Q14 → **Date of birth**

Q15 → **Gender** Male Female Indeterminate Intersex Other

Q16 → **Telephone**

Q17 → **Email**

Q18 → **Are you a participant of the National Disability Insurance Scheme (NDIS)?**

No Yes If no, please skip to **Question 21**

Q19 → **Please provide your NDIS reference number:**

Q20 → **Please provide the contact details of your NDIS support provider:**

SECTION C LOCATION NEEDS

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

Q21 → **Do you need to live in a specific area to access medical facilities or a designated service provider because they are not available anywhere else?**

No Yes

Q22 → **If yes, which areas, and why?**

Q23 → Do you receive ongoing regular support from family or friends or rostered care for a medical condition or disability?

No Yes

Q24 → If yes, please provide details?

Q25 → Do you have difficulty with accessing medical facilities, your designated service provider or receiving care from family or friends?

No Yes

Q26 → If yes, please provide details?

Q27 → Do you need access to schools offering specialised education?

No Yes

Q28 → If yes, which schools do you need to access?

Q29 → Do you 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 your wellbeing.

No Yes

Q30 → If yes, which locations do you need to exclude and why?

Property type needs

The type of housing needed because you:

- have limited mobility or a medical or mental health condition
- need minor modifications such as grabrails or lever taps
- need major modifications such as internal fire safety sprinklers or medical heating / cooling systems like an air conditioner
- need full disability modifications
- need a wheelchair accessible property
- need an extra bedroom because of a medical condition

Q31 → **What kind of property best suits your needs?**

- I 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

Q32 → **Select the following that best describes your required property type:**

- I can manage any 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

Q33 → **Do you need changes to the property because of a medical condition or disability?**

- No Yes

Q34 → **If yes, tell us which:**

Minor Modifications

- 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

- 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

Major Modifications (cont.)

- 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

- 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.

Q35 → **Do you need an extra bedroom for any of the following reasons?**

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

Q36 → **Do you need a medical heating / cooling system like an air conditioner?**

- No Yes

SECTION D

DECLARATION, ACKNOWLEDGEMENT AND CONSENT

I declare that all the information requested in this application for special accommodation 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 Victorian Housing Register 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, designated service provider 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).

Primary applicant's full name

Primary applicant's signature



[Please sign by hand]

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 (FOI) requests, call 1300 650 172 or make your FOI access request online through the Office of the Victorian Information Commissioner website <<https://ovic.vic.gov.au/freedom-of-information/for-the-public/make-your-request-online>>.

For further information about privacy, call 1300 884 706 or email the Complaints and privacy unit <privacy@dhhs.vic.gov.au>

SECTION E

PROFESSIONAL DETAILS



STOP

This section should only be completed by the health practitioner, designated service provider or other relevant professional (for example, the principal of a specialist school) that is relevant to the special accommodation requirements being requested.

Q37 → **Name of professional**

Q38 → **What is your profession?**

General practitioner

Social Worker / Support worker

Psychologist

NDIS Support Coordinator

Psychiatrist

Occupational therapist

Specialist

Other

Business address or stamp

Q39 → **Telephone**

Q40 → **Email**



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?

Q41 → **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

Other

LANGUAGELINK

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

English

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.

中文 Simplified Chinese

这是一份关于住房的出版物。如果你英语阅读有困难，可以获得帮助。请联系本地办事处或拨打 (03) 9280 0791 联系 Language Link 要求口译员协助。

繁體中文 Chinese

本刊物有關住房資訊。假如您閱讀英語有困難，您可以尋求瞭解本刊物內容的幫助，請聯絡本地公房辦事處或撥打翻譯熱線 (03) 9280 0789。

Hrvatski Croatian

Ova publikacija sadrži informacije o stambenom smještaju. Ako ovu brošuru ne razumijete zato što je pisana na engleskom, imate pravo na pomoć. Molimo vas, kontaktirajte svoj mjesni ured ili nazovite Language Link na broj (03) 9280 0792 i spojiti će vas se sa tumačem.

Polski Polish

Niniejsza informacja dotyczy kwestii mieszkaniowych. Jeśli masz trudności z czytaniem po angielsku, możesz otrzymać pomoc w zrozumieniu tej publikacji. Prosimy zwrócić się do swojego lokalnego biura lub zadzwonić do Language Link pod numer (03) 9280 0793 i poprosić o ustnego tłumacza.

Af-Soomaali Somali

Daabacaadan waxay ku saabsan tahay gurisiinta. Haddii aad qabto dhibaato xaga aqriska Ingiriisiga, waxaad caawimaad ka helaya daabacaadan. Fadlan la xiriir xafiiska degaankaaga ama ka wac Language Link taleefanka (03) 9280 0795 wixii la xiriira turjumaanka.

русский язык Russian

Эта публикация касается жилищных вопросов. Если вам трудно прочитать ее по-английски, то вам может быть предоставлена помощь. Вы можете обратиться в свой местный жилищный отдел или связаться с переводчиком, позвонив на Языковую линию (Language Link) по номеру (03) 9280 0794.

Español Spanish

Esta publicación es sobre vivienda. Si tiene dificultad para leer inglés, se le puede ayudar con esta publicación. Por favor póngase en contacto con su oficina local o llame a Language Link en el (03) 9280 0796.

Türkçe Turkish

Bu yayın konular hakkındadır. İngilizce okumakta güçlük çekiyorsanız, bu yayınlara ilgili yardım alabilirsiniz. Lütfen yerel ofisinizle ilişkiye geçin veya bir tercüman için (03) 9280 0797'den Dil Bağlantısı'nı arayın.

Tiếng Việt Vietnamese

Ấn phẩm này nói về vấn đề nhà ở. Nếu quý vị gặp khó khăn đọc tiếng Anh, quý vị có thể được giúp đỡ để hiểu ấn phẩm này. Xin hãy liên lạc với văn phòng địa phương hoặc gọi cho Language Link theo số (03) 9280 0798 để có thông dịch giúp đỡ.

عربي Arabic

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13 36 77 if required or contact your local office
<https://www.housing.vic.gov.au/contact-a-housing-office>.

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