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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 → Title</td>
<td>☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Prof ☐ Dr ☐ Other</td>
</tr>
<tr>
<td>Q2 → First name</td>
<td></td>
</tr>
<tr>
<td>Q3 → Middle name</td>
<td></td>
</tr>
<tr>
<td>Q4 → Last name</td>
<td></td>
</tr>
<tr>
<td>Q5 → Date of birth</td>
<td>/ /</td>
</tr>
<tr>
<td>Q6 → Gender</td>
<td>☐ Male ☐ Female ☐ Indeterminate ☐ Intersex ☐ Other</td>
</tr>
<tr>
<td>Q7 → Application number</td>
<td></td>
</tr>
<tr>
<td>Q8 → Telephone</td>
<td></td>
</tr>
<tr>
<td>Q9 → Email</td>
<td></td>
</tr>
</tbody>
</table>

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.

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 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.

010 \(\rightarrow\) **Title**

- [ ] Mr
- [ ] Mrs
- [ ] Miss
- [ ] Ms
- [ ] Prof
- [ ] Dr
- [ ] Other

011 \(\rightarrow\) **First name**

- [ ]

012 \(\rightarrow\) **Middle name**

- [ ]

013 \(\rightarrow\) **Last name**

- [ ]

014 \(\rightarrow\) **Date of birth**

- [ ] / / 

015 \(\rightarrow\) **Gender**

- [ ] Male
- [ ] Female
- [ ] Indeterminate
- [ ] Intersex
- [ ] Other

016 \(\rightarrow\) **Telephone**

- [ ]

017 \(\rightarrow\) **Email**

- [ ]

018 \(\rightarrow\) **Are you a participant of the National Disability Insurance Scheme (NDIS)?**

- [ ] No
- [ ] Yes

If no, please skip to Question 21

019 \(\rightarrow\) **Please provide your NDIS reference number:**

- [ ]

020 \(\rightarrow\) **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.

021 \(\rightarrow\) **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

022 \(\rightarrow\) **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
031 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

032 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

033 Do you need changes to the property because of a medical condition or disability?
- [ ] No
- [ ] Yes

034 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.

035 Do you need an extra bedroom for any of the following reasons?
- [ ] Medical condition
- [ ] Medical equipment
- [ ] Live in or rostered carer (full time)
- [ ] Other

036 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 ______________________________ Date / / [Please sign by hand]

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.

037 → Name of professional

038 → What is your profession?
□ General practitioner
□ Psychologist
□ Psychiatrist
□ Occupational therapist
□ Social Worker / Support worker
□ NDIS Support Coordinator
□ Specialist
□ Other

Business address or stamp

039 → Telephone

040 → 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?

041 → What medical condition or disability does the applicant experience?
□ 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
□ Other
Describe the applicant’s medical condition or disability:

- How does it relate to their special accommodation requirements?
- How is it essential for their health and wellbeing that they move from where they live now?

---

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

[Please sign by hand]
SPECIAL ACCOMMODATION REQUIREMENTS

Need help? Visit housing.vic.gov.au/social-housing or contact your local office.

To receive this publication in an accessible format phone 1300 650 172, using the National Relay Service 13 36 77 if required or contact your local office

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
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(1906357)