

Special accommodation requirements

Accessible version

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

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**

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>>.

OFFICIAL



Health
and Human
Services

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 **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

Q9 **Telephone**

Q10 **Email**

Q11 **Are you a participant of the National Disability Insurance Scheme (NDIS)?**
 No Yes If no, go to **Question 14**

Q12 **Please provide your NDIS reference number**

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

Section C

Professional details

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.

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

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

- 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

i 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?

- | | |
|---|---|
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Heart Condition (severe) | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Lymphoedema | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Poliomyelitis or Post Poliomyelitis Syndrome |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Chronic Obstructive Pulmonary Disease |
| <input type="checkbox"/> Motor Neurone Disease | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> Emphysema (severe) | <input type="checkbox"/> Systematic Lupus Erythematosus |
| <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Epilepsy (uncontrolled) | <input type="checkbox"/> Chronic Fatigue Syndrome |
| <input type="checkbox"/> Scleroderma | |
| <input type="checkbox"/> Other | <input type="text"/> |

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?

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

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

LANGUAGELINK

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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

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Hrvatski Croatian

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Af-Soomaali Somali

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русский язык Russian

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ی.ع.ع. Arabic

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