

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

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="text"/> Other
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Q4 First name

Q5 Middle name

Q6 Last name

Q7 Date of birth

Q8 Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Intersex	<input type="checkbox"/> Other
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Q9 Telephone

Q10 Email

Q11 Are you a participant of the National Disability Insurance Scheme (NDIS)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If no, go to Question 14
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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
Psychologist
Psychiatrist

Social Worker/Support worker
NDIS Support Coordinator
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:

i Items marked with * are not available in moveable units.

Minor Modifications	Major Modifications	Major Modifications (cont.)
Clothes dryer exhaust duct*	Additional hard-wired smoke detectors	Kitchen lowered benches
Grabrails	Accessible doors	Laundry lowered benches
Hand held shower set	Bath hoist*	Lowered hand basin
Handrails	Bath tub required*	Non-slip floor
Hearing Aid support	Bathroom stepless shower	Ramp access
Lever door handles	Bedroom hoist*	Relocation of power outlets or light switches
Lever taps	Disabled toilet	Special security (entry)
Lowered rails in wardrobes	Disability bath installed*	Step in shower size
Shower or bath* seat	Floor waste drains	Wheelchair accessible car park
Wheelchair charging bay	Internal fire safety sprinkler system	

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?

	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		

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?

As a result, the following recommendations are made:

- The first step is to identify the specific needs of the target population. This can be done through surveys, focus groups, and other research methods.
- Once the needs are identified, the next step is to develop a plan of action. This plan should include specific goals, timelines, and resources required to address the needs.
- It is important to involve the target population in the planning process. This can help ensure that the plan is tailored to their specific needs and concerns.
- Finally, it is essential to evaluate the effectiveness of the plan over time. This can be done through regular monitoring and evaluation, as well as feedback from the target population.

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

Full name	
Signature	
Date	

Language link

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LANGUAGELINK

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

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Polski Polish

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Af-Soomaali Somali

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

русский язык Russian

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Español Spanish

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Türkçe Turkish

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بِعْرَى بِعْرَى Arabic

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