

REGISTER OF INTEREST SPECIALIST DISABILITY ACCOMMODATION 70 Pinaroo Drive, Glenfield Park, NSW 2650 Phone: 02 6925 7255 email: info@odf.org.au

1. APPLICANT DETAILS				
First Name		Last Name		
Address				
Phone		Email		
Citizenship	alian Citizan ar n	extrementer tradident of Australia? Vac 🗖 No 🗖		
-	alian Glizen or p	bermanent resident of Australia? Yes L No L		
Gender This question is a information.	optional. You may	y leave it blank if you do not wish to provide us with this		
Male 🛛 Female	9 🛛 Non-Binary	🗸 🗖 Transgender 🗖 Intersex 🗖		
Other:				
Eligibility		Date of birth		
Are you 18 years	of age or over?	Yes 🗆 No 🖾 🛛 / _ /		
Pension status				
Do you receive a	disability suppor	rt pension? Yes □ No □		
2. NDIS PLAN	AND INFORM	ΙΑΤΙΟΝ		
Is Specialist Disa	bility Accommod	lation in your NDIS Plan? Yes 🗆 No 🗆		
If "No" you will ne	ed to request a p	plan review.		
NDIS Participant	Numbor			
	Number			
Approved SDA B	uilding Type			
Approved SDA D	esign Category			
Approved SDA F	unding Amount			
e.g., Hor	me and Living Su	of your approval for SDA. upports Review Letter that includes details of the Home and on by the NDIS or details of your SDA approval in your NDIS		
Is Supported Inde	ependent Living i	in your NDIS Plan? Yes 🗆 No 🗆		

If "Yes", does it include overnight sup	port? One to one \Box	Shared \Box
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3. LIVING ARRANGEMENT AND SUPPORTS							
a. Current living arrangements and supports							
□ With family	□ Independent (shared)	Independent (alone)	Aged care				
□ Other:							
Is your current acc	commodation in an SDA app	roved dwelling? Yes \Box N	o 🗆				
	port needs? (Please list all for provided by family and frience		ler you NDIS Plan and				
h Vour profo	rongo for futuro living or						
-	rence for future living ar ve on you own or shared acc	-					
□ On my own	□ Shared □ Either is 0						
2	the required building type a						
	NDIS Plan would you like to		er SDA Yes 🛛 No 🗍				
4. DECLARATI	ON						
Please ensure that	t you read and understand th	ne following before signing.					

I acknowledge and understand that:

The purpose of this application is to be assessed as eligible to be placed on a waiting list and that my application is subject to the approval of Opening Doors Foundation Ltd (ODF).

This application will not be processed unless all the required information is completed to the satisfaction of ODF.

If my application is assessed as being eligible for the waiting list, then:

- offers of accommodation are subject to availability;
- there is no guarantee that accommodation will become available or be offered to me within a specified time frame;
- this application will remain on the waiting list until I am offered accommodation or until I ask for my application to be withdrawn; and
- if I am offered accommodation and do not accept the offer then my application will be removed from the waiting list.

If my application is unsuccessful, I will be notified and this application together with attachments will be destroyed immediately.

By signing this form, I consent to ODF sharing my personal information with external parties for the purpose of assessing eligibility for accommodation and that my information will be collected, stored

and shared in accordance with the Privacy Act 1988 and ODF's Privacy Policy. A copy of ODF's Privacy policy is available on our website at https://openingdoorsfoundation.org.au/privacy-policy

I declare that I have provided all information relevant to my application for SDA and the information given on this form is true and correct to the best of my knowledge.

Signature of applicant	Date
	/
Signature of representative	Date
	//
Name of representative	

Verbal consent

This section is only to be used where it is not practicable to obtain written consent.

I have discussed the purpose and disclosure of this information with the applicant, or their representative and I am satisfied that they understand how the information will be used, and that they have provided informed consent to the submission of this application.

Signature of person providing verbal consent

Relation of representative to applicant

Date			
	/	/	

Name

Position in organisation