

Date: 

## PWS ACCOMMODATION EXPRESSION OF INTEREST FORM

By completing the Expression of Interest form you will be assured of an efficient and timely response by an Interaction representative from our PWS Accommodation team, who will discuss your application further.

<b>Participant:</b>	
<b>Name:</b>	<input type="checkbox"/> M <input type="checkbox"/> F <b>DOB:</b>
<b>Phone:</b>	<b>Alternate Phone:</b>
<b>Email:</b>	

<b>Are you completing on behalf of a participant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to participant:</b>	
<b>Name:</b>	
<b>Phone:</b>	<b>Alternate Phone:</b>
<b>Email:</b>	
<b>Are you authorised to provide information on behalf of participant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Diagnosis:</b>		
<b>Medical Conditions:</b>		
<b>Type of accommodation service required?*</b>	Shared & Supported - Sydney	<input type="checkbox"/> 24 hour active <input type="checkbox"/> 24 hour sleepover
	Transitional Living – Central Coast	<input type="checkbox"/> 24 hour active <input type="checkbox"/> 24 hour sleepover
	Empowered Living Apartments™ - Mt Gravatt, QLD	<input type="checkbox"/> 24 hour less intensive
	Empowered Living Apartments™ - Cranebrook, NSW	<input type="checkbox"/> 24 hour less intensive
<b>Who would you like to live with?</b>	<input type="checkbox"/> Males Only <input type="checkbox"/> Females Only <input type="checkbox"/> Mixed Gender	
<b>Who will help or be involved in transition?</b>	<input type="checkbox"/> Parents/Guardian <input type="checkbox"/> Local Area Coordinator <input type="checkbox"/> Specialist Support Coordinator <input type="checkbox"/> Support Coordinator <input type="checkbox"/> Current Service Provider	

\* Please refer to the Accommodation section of [praderwilli.com.au](http://praderwilli.com.au) for a detailed description of the accommodation types.

<b>Preferred location for accommodation and level of support required (eg 24 hour active night, 24 hour sleepover).</b>	
<b>Is there a requirement for equipment or aides?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:
<b>Is there support required with personal care routine?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:
<b>Is there support required to access the community?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:
<b>Is there support required with domestic skills?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please specify:
<b>Communication:</b>	<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Auslan
<b>How are participants personal funds managed?</b>	<input type="checkbox"/> Independently manage <input type="checkbox"/> Require staff support to manage <input type="checkbox"/> Carer or parent manages <input type="checkbox"/> Under Financial Management
<b>Employment:</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Day Service <input type="checkbox"/> Other
	If Other, please specify:
	Location:
	Days and times:
<b>Is there a Behaviour Support Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If there is no Behaviour Support Plan in place, please describe below any behaviours we need to be aware of (e.g. property damage, physical assault others, self harm, non compliance, verbal aggression)</b>	

<b>Are there any typical triggers for these behaviours (e.g. change to my routine, heat, being sick)</b>	
<b>Previously lived in supported accommodation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, why are you, or why did you choose to leave?
<b>What is important to you, (or the person on whose behalf you are completing this for) in relation to preferred accommodation services?</b>	
<b>Any other comments?</b>	