

## SDA Application Form

### About You

Name:

Address:

Phone number:

Email:

Date of birth:

Identify as:  Male  Female  Transgender  Non-Binary  Other

Preferred language:

Do you require an interpreter?  Yes  No

Do you have specific communication needs?  Yes  No

Do you have a Legal Guardian?  Yes  No

Do you have an informal decision maker?  Yes  No

Do you have a financial Administrator, Power of Attorney or informal financial decision maker?  Yes  No

Do you have a current NDIS Plan?  Yes  No

### NDIS Approval Information

*Note: You will find this information in your NDIS plan under Capital Supports - Home Modifications.*

#### Does your current NDIS Plan include:

Specialist Disability Accommodation (SDA)?  Yes  No

#### SDA Design Category

What design category have you been approved for?

High Physical Support  Fully Accessible

Improved Liveability  Robust

#### Approved Dwelling Type:

Villa  2 Bed House  3 Bed House  Apartment  Townhouse

Does your plan state how many people you can share/live with?

1 other  2 others  3 others  4 others

## **My Supports**

### **Onsite Overnight Assistance (OOA):**

Do you require overnight supports?  Yes  No

Do you Have OOA approved in your Plan?  Yes  No

Do the SDA Supports Provided meet your current needs?  Yes  No

Do you have a NDIS Support Coordinator?  Yes  No

Support Coordinator Name:

Support Coordinator Number:

Support Coordinator Email:

What is your main source of income?

(i.e., Disability Support Pension,

Do you have specific home modification requirements?

Please list:

Do you have family or friends that will live with you?

What region or suburb would you like to live in?

Do you have any pets or assistance animals?  Yes  No

Details:

Should we discuss your application with anyone else of your choice?

(i.e. a family member, advocate etc.)  Yes  No

Details:

### **Consent**

I give consent for PDH to receive, store and share information about my SDA application including contact details, NDIA/S information, Centrelink information with support providers, NDIA and property owners.

Note: Your personal information is protected under the Privacy Act 1998 and PDH Privacy Policy

I understand I can withdraw this consent at any time.

## **Next Steps?**

**Please attach a copy of:**

- Guardianship &  Administration Order

**or**

- POA & POG

**Please attach a copy of:**

Confirmation of SDA Approved Supports in writing:

- Copy of NDIS Plan  Excerpt from NDIS Plan  
 Email from Support Coordinator  Portal Copy

**and**

- Copy of 1 form of ID (i.e. Photo ID, Medicare or Health Care Card)

Please email completed Application Form and Copies of requested documents to [hello@perthdisabilityhomes.com.au](mailto:hello@perthdisabilityhomes.com.au) or contact us to arrange collection or postal address.

Phone: 0466 027 366

**Name of person completing this form:**

**Signature:**

**Date:**

**Thank you for applying with Perth Disability Homes.**