

<b>Expression of Interest</b>						
<b>Address of property you are interested in applying for (if known)</b>						
<b>Applicant Name:</b>	First					
	Last					
	Phone					
<b>Address:</b>	Street		Post code			
	Suburb		State			
<b>Date of Birth</b>	/ /					
<b>Gender</b>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Next of Kin</b>	Name					
	Phone					
	Email					
<b>Do you have an approved NDIS plan?</b>				YES	<input type="checkbox"/>	
				NO	<input type="checkbox"/>	
<b>Disability</b> (Please provide details about your disability/ies)						
<b>Current Living Situation:</b>	<input type="checkbox"/> Family/Friends <input type="checkbox"/> SDA <input type="checkbox"/> SIL <input type="checkbox"/> Emergency Accommodation <input type="checkbox"/> Community Housing <input type="checkbox"/> Hospital/Rehab <input type="checkbox"/> Rooming House			<input type="checkbox"/> Student Housing <input type="checkbox"/> Private Rental <input type="checkbox"/> Public Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Refuge/Hostel <input type="checkbox"/> Other		
<b>Desired Regions and Housing Preferences (eg. Preferred suburbs, home configuration)</b>						
<b>NDIS Number (optional)</b>						
<b>How is the NDIS plan managed?</b>	Self-managed	<input type="checkbox"/>	NDIA managed	<input type="checkbox"/>	Plan managed	<input type="checkbox"/>
<b>NDIS Support Coordinator:</b>						

<b>Name</b>		<b>Company</b>			
<b>Phone</b>		<b>Email</b>			
<b>Do you have SDA funding approved in your Plan?</b> <i>Specialist Disability Accommodation (SDA) is support funding for eligible NDIS participants who live with extreme functional impairment or very high support needs.</i>					YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Which SDA design category have you been approved, for or are likely to be approved for?</b>					<b>Improved Liveability</b> <input type="checkbox"/>
					<b>Fully Accessible</b> <input type="checkbox"/>
					<b>Robust</b> <input type="checkbox"/>
					<b>High Physical Support</b> <input type="checkbox"/>
<b>Do you have SIL funding in your plan?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>If Yes:</b>					
<b>SIL Provider organisation name</b>					
<b>SIL contact person</b>					
<b>SIL email</b>					
<b>SIL phone</b>					
Please list any reports and assessments relevant to this application that have previously been conducted (e.g. OT SIL assessment, Housing plan, etc)		•			
		•			
		•			
		•			
		•			
<b>Comments/additional information:</b>					
<b>Consent:</b> <input type="checkbox"/> I approve SDA Smart Homes to contact my Support Coordinator/ Support Worker/Advocate and other relevant parties on my behalf in relation to my application and housing. <input type="checkbox"/> I approve to SDA Smart Homes to contact my Next of Kin on my behalf in relation to my application and housing. <input type="checkbox"/> I approve SDA Smart Homes to contact the appointed SIL partner for the SDA property I am applying for and					

share information included in this Expression of Interest.

- All of the information I have provided in this expression of interest is true and correct.
- I understand that this expression of interest does not guarantee me accommodation, but does give SDA Smart Homes permission to seek alternative suitable accommodation for me if they do not have anything currently available, under plan, or future forecasted. This may include sharing your information with a third party, but permission to do so will always be sought before this occurs.

\* All the information provided in this document will be handled in accordance with the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Ph:** 07 3899 3873

**Email:** sda@propertydirect.com.au

**Office location:** 9/462 Hawthorne Road, Bulimba, QLD, 4171