



Expression of Interest Form

AccessAccom Apartments

About AccessAccom

AccessAccom is a registered SDA provider with the aim to increase high quality housing that enables independence and community inclusion.

AccessAccom partners with developers to offer SDA apartments with on-site support integrated into brand new buildings.

If you are interested in being considered for an AccessAccom dwelling, please fill in and return this form to enquiries@accessaccom.com.au together with optional attachments:

- A copy of your NDIS Plan
- Reports about you by therapist or doctors

Date of completion: _____

Privacy notice

This information will be stored, used and disclosed in accordance with our Privacy Policy available on our website.

www.accessaccom.com.au

Level 24, Three International Towers, 300 Barangaroo Ave, Sydney NSW 2000
ABN 83 165 506 687

1. Applicant information:

Name: _____

Date of birth: _____

NDIS Number: _____

Male

Female

Non-binary

Current address: _____

Phone number: _____

Email: _____

If someone else is filling in this form for you (or with you):

Their name: _____

Relationship to you: _____

Organisation (if applicable): _____

Phone contact number: _____

Email address: _____

a. What is your primary disability?

Acquired brain injury

Spinal cord injury

Progressive Neurological Condition (such as Multiple Sclerosis, Motor Neurone Disease, Huntington's)

Cerebral Palsy

Other – please provide details: _____

b. Do you have any other disabilities? (for example, hearing loss, vision impairments, mental illness)

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c. What type of place do you live in at the moment?

- In own home (privately purchased)
- In a rented home
- Nursing home/residential aged care (RAC)
- Group home/shared supported accommodation
- Boarding house/supported residential service (SRS)
- Hospital
- Other – please provide details: _____

d. Who do you live with at the moment?

- Family Please provide details: _____
- Friends Please provide details: _____
- Other people with disability
- Elderly people
- On my own

2. NDIS and SDA status- Are you:

- an NDIS participant with a plan
- an NDIS participant waiting for a first plan or a planning meeting
- waiting for NDIS eligibility approval
- not NDIS eligible

a. What housing supports does your NDIS plan have?

- SDA (Specialist Disability Accommodation) funding
What design category do you have? _____
Are you funded for single occupancy or shared occupancy? _____
What building type do you have? _____
What location is it for? _____
How much funding is it? _____
- Funding for Support Coordination to look for all your housing options
- Funding for allied health assessments or therapists to help you find new housing
- A goal to move but you have not started to look at your housing options yet

3. Self-directed living

Why would you like to move from your current home and what are your goals for future housing? _____

4. Physical support- Please tell us about the following (Y/N):

	You currently use	Would find useful to keep you safe
Motorised wheelchair		
Manual wheelchair		
Emergency communication system		
Technology to help you open doors, blinds, etc.		
Widened doorframes, spacious rooms		
Adjustable bench heights		
Bathroom modifications		
Ceiling hoist for transfers		
Emergency power back up (in case the power goes out)		
Controlled temperature throughout all rooms in apartment		
Anything else		

5. Support requirements

a. What are your estimated daily support needs?

Morning _____

Number of hours _____

Day time _____

Number of hours _____

Evening _____

Number of hours _____

b. Do you need support overnight?

Yes No

If yes, please describe what support you need and how often: _____

