

## 1. INTRODUCTION

Casa Capace will assess your suitability to live in a one of our Specialist Disability Accommodation (SDA) Homes(s). To assist us please provide the following information.

## 2. CUSTOMER DETAILS

Participant Full Name:	
Participant NDIS #:	<i>as per birth certificate</i>
Participant DOB:	
Participant Gender:	<i>DD/MM/YYYY</i> Male    Female    Other
Participant Disability:	Physical - Please specify Cognitive - Please specify Social / Emotional - Please specify Sensory - Please specify
SDA in NDIS Plan:	Yes    No    Unsure
SDA Design Category:	Improved liveability    Robust    Unsure    Fully Accessible    High Physical Support
Currently Residing In:	Family Home    Nursing Home    Hospital    SDA Home    SIL Home    Others
Preferred Location / Properties:	
Current person to person support needs:	Below 8 hrs / day Between 8 – 23 hrs / day 24 hrs / day Unsure
Future living preference:	Alone    With others

## 3. CONTACT DETAILS

Primary Contact Person	
Full Name:	Relationship to Participant:
Email:	Phone #:
Support Co-ordinator	
Full Name:	Company:
Email:	Phone #:

#### 4. CONSENT AND SIGNATURES

Yes, I wish to express my interest in being considered to reside in a room at the location listed above.

I hereby give my permission for my details to be shared with appropriate parties (including, but not limited to NDIS, NDIA, NDIS Quality and Safeguards Commission, my Support Co-Ordinator, SDA Services and my relevant Support Providers) to assess my application.

Name (or on behalf of):

Signature:

Date:

#### 5. PLEASE NOTE

1. The signing of this document does not guarantee that you will receive a room in any property, including the properties stated above.