



# OptimumCare Plus

Where care comes with a plus.

## SIL / STA/ MTA TENANCY APPLICATION FORM

Name

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Date of Application

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Property ID

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Please submit your completed application to [operations@optcareplus.com.au](mailto:operations@optcareplus.com.au)

- The information contained in this application and any attached reports is true and correct and I agree to the information being shared with panel members for the purpose of determining eligibility and where necessary compatibility.
- I understand and consent to an electronic file being created on the OptimumCare Plus database.
- I would like OptimumCare Plus to keep my application for 12 months for the purpose of being matched to future vacancies. I would like to be contacted for my consent before my application is submitted to the panel for an alternative vacancy.

664 North East Road, Holden Hill, 5088

Contact: 08 8164 6961

Email: [info@optcareplus.com.au](mailto:info@optcareplus.com.au)

Website: [www.optcareplus.com.au](http://www.optcareplus.com.au)



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## Information

Welcome to OptimumCare Plus. This application is the first step in applying for Supported Independent Living (SIL) or Short-Term Accommodation (STA), Medium-Term Accommodation (MTA) owned or managed by OptimumCare Plus.

We are looking for someone that matches the model of support that will be provided and the structures in place through our designs. If you have any questions about this, we would love to chat with you or a nominated representative about it before you submit an application.

If you already believe your support needs are aligned to the model and structure of the design, we look forward to receiving your application.

## What information is important?

If you have indicated that you require support in particular life domains listed at the end of this application, it is important that you include supporting documentation/reports. These reports can include functional assessments by an Occupational Therapist, Behaviour Support Plans etc.

Please note information provided that is insufficient or inaccurate may impact on the offer of residency, including withdrawal of offers.

## Contact Us

You can send your queries by email to [operations@optcareplus.com.au](mailto:operations@optcareplus.com.au)

Or you can call us on **08 8164 6961** and request to speak with someone in the Participant Engagement Team at OptimumCare Plus.

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## NDIS Participant consent to collect and use personal information.

OptimumCare Plus collects and uses your personal and private information to provide vacancy and tenancy management as a NDIS service provider, and other housing services.

All personal information held by OptimumCare Plus will be treated with respect to its sensitivity and in compliance with Australian Privacy Principles and laws.

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

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

Current address: \_\_\_\_\_

NDIS Participant Number: \_\_\_\_\_

I, \_\_\_\_\_ give consent to OptimumCare Plus to collect and use my personal information to provide vacancy and tenancy management services, and other housing services. This may include sharing of details as needed with:

- My support coordinator or local area coordinator regarding my application and tenancy needs.
- The National Disability Insurance Agency (NDIA).
- Allied Health professionals to assess suitability of accommodation and discuss modifications.
- The Supported Independent Living (SIL) or Onsite provider to review my service needs.
- My nominated contact person or representative to assist as required (if applicable)

Signature of participant/guardian: \_\_\_\_\_

## Accessing your information and withdrawing your consent

You can access and review your personal information or withdraw your consent at any time by contacting OptimumCare Plus by phone on 08 8164 6961 or email [info@optcareplus.com.au](mailto:info@optcareplus.com.au)

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## Applicant Information

Full Name																															
Date of Birth																															
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> My preference is _____ <input type="checkbox"/> Prefer not to state																														
Address																															
Email																															
Phone																															
Do you have strong desire to live independently	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
Rate your desire to live independently	<table style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="5">Low desire</td> <td colspan="5">High Desire</td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low desire					High Desire				
1	2	3	4	5	6	7	8	9	10																						
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Low desire					High Desire																										
What are your NDIS goals?																															
Primary Disability																															
Secondary Disability																															
What is your preferred communication method?	Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/>  Written communication preference Choose an item.																														
Do you require an interpreter?	<input type="checkbox"/> Yes                      Which language?																														
Indigenous Status	Aboriginal and Torres Strait Islander <input type="checkbox"/> Aboriginal and not Torres Strait Islander <input type="checkbox"/> Not Aboriginal and Torres Strait Islander <input type="checkbox"/> Not applicable <input type="checkbox"/>																														

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## National Disability Insurance Scheme – Supported Independent Living

National Disability Insurance Scheme Plan  NDIS Number	Start Date Click or tap to enter a date.	End Date Click or tap to enter a date.
Do you have SIL/STA /MTA funding approved?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Design Category Improved Livability <input type="checkbox"/> High Physical Support <input type="checkbox"/> Fully Accessible <input type="checkbox"/> Robust <input type="checkbox"/>  Location	<b>Building Type</b> Apartment 1 br, 1 resident <input type="checkbox"/> Apartment 2 br, 1 resident <input type="checkbox"/> Apartment 3 br, 2 residents <input type="checkbox"/> Villa/Duplex/Townhouse 1 resident <input type="checkbox"/> Villa/Duplex/Townhouse 2 residents <input type="checkbox"/> Villa/Duplex/Townhouse 3 residents <input type="checkbox"/> House 2 residents <input type="checkbox"/> House 3 residents <input type="checkbox"/> Group Home 4 residents <input type="checkbox"/> Group Home 5 residents <input type="checkbox"/>
Amount allocated in your plan for SIL/STA /MTA. \$	Onsite overnight assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/>	



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## Other details

Individual Income	<b>Income Source</b> Choose an item.
Are you able to pay rent and utilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial Administrator	Name Number <b>Please attach order</b>
Legal Guardian	Name Number <b>Please attach order</b>
Support Coordinator details	Organisation Name Number

## Current housing situation

Live with family/friends	<input type="checkbox"/>
Live independently	<input type="checkbox"/>
Homeless or living in temporary accommodation	<input type="checkbox"/>
Significant risk to stability of current accommodation	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>
Hospital setting	<input type="checkbox"/>
Supported Independent Living	<input type="checkbox"/>
Supported Residential Service	<input type="checkbox"/>
Custodial	<input type="checkbox"/>
Other	<input type="checkbox"/>

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## What makes you, you?

(Consider: Personality, what is important for others to know about you, what are your interests)

## What is important for you to have in a housemate/s?

Include information that is important to you, like:

- Age range
- Communication style
- Personality characteristics
- Gender
- Shared interests
- Pets
- Cultural practices
- Does loud vocalisation, someone entering your personal space etc impact on your wellbeing.

## Who is the best contact to discuss this application?

Name	<input type="checkbox"/> Self	<input type="checkbox"/> Other
Phone number		
Relationship		
Email		

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## Adaptive Functioning Profile

ADAPTIVE SKILL AREA	DESCRIPTION
<b>Communication</b>	<ul style="list-style-type: none"><li>Expressive and receptive language</li><li>Speech, language and listening skills needed for communication with other people, including vocabulary, responding to questions.</li><li>Skills needed to be understood by others, and ability to communicate with others about personal needs or other information, etc.</li></ul>
<b>Community access &amp; participation</b>	<ul style="list-style-type: none"><li>Skills needed for functioning in the community, including use of community resources, going shopping, getting around in the community, visiting friends and family, accessing transportation etc.</li></ul>
<b>Health &amp; Safety</b>	<ul style="list-style-type: none"><li>Skills needed for protection of health and to respond to illness and injury, including following safety rules, using medicines, showing caution, etc.</li><li>Accessing and obtaining required for treatment of any type, avoiding health and safety hazards, communicating with health care providers, accessing emergency services, maintaining a nutritious diet, maintaining physical, emotional or mental health.</li></ul>
<b>Self-care</b>	<ul style="list-style-type: none"><li>Skills needed for personal care, including eating, dressing, bathing, using the toilet, grooming, hygiene, daily routines such as dental care, etc</li><li>Skills needed for basic care of a home or living setting including cleaning, property maintenance and repairs, meal/food preparation, performing household duties etc</li></ul>
<b>Self-management</b>	<ul style="list-style-type: none"><li>Skills needed for independence, responsibility, and self-control, including starting and completing tasks, keeping a schedule, following time limits, following directions, making choices etc. Learning/using self-management strategies.</li></ul>
<b>Social interactions</b>	<ul style="list-style-type: none"><li>Skills needed to interact socially and get along with other people, including making and keeping friends, showing and recognising emotions, assisting others. Socialising within and outside the family. Participating in recreation/leisure activities.</li><li>Skills needed for engaging in and planning leisure and recreational activities, including playing with others, engaging in recreation at home, following rules in games etc.</li></ul>
<b>Mobility</b>	<ul style="list-style-type: none"><li>Skills needed to ambulate and move about (use of aids, physical or verbal assistance, supervision, etc) in the home, including getting in or out of bed or a chair. Ambulating and moving around in the community, including accessing buildings and transport.</li></ul>
<b>Overnight Support</b>	<ul style="list-style-type: none"><li>PEG feeding, Pressure Care, Bathroom, Unsettled, Repositioning, Seizure, other medical, Behaviour etc</li></ul>
<b>Behaviour Support</b>	<ul style="list-style-type: none"><li>Ability to learn specific skills or behaviours. Learning/making appropriate decisions. Increasing adaptive skills and behaviours. Controlling impulsive behaviours that lead to risk to self or others.</li><li>Coping with feelings and emotions.</li></ul>
<b>Protection &amp; advocacy</b>	<ul style="list-style-type: none"><li>Advocating for self and others. Managing money and personal finances. Protecting self from exploitation. Exercising legal rights and responsibilities. Belonging to and participating in self-advocacy/support organisations. Obtaining legal services. Making own choices and decisions.</li></ul>
<b>Planning for the future</b>	<ul style="list-style-type: none"><li>Skills needed to set goals and ability to establish networks.</li></ul>





SUPPORT ACTIVITY	LEVEL OF SUPPORT														
	TYPE of SUPPORT					INTENSITY of SUPPORT					FREQUENCY of SUPPORT				
	No assistance required	Uses aids only	Prompting required	Some supervision or assistance	Substantial supervision or assistance	None	Less than 30 minutes	Between 30 minutes to 2 hours	Between 2 hours and 4 hours	More than 4 hours	Less than monthly	Monthly	Weekly	Daily	Hourly or more frequently
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community access & participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour Support (attach BSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection & advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Please attach report/s from allied health professionals as required to assist with timely processing of application.