EXPRESSION OF INTEREST

This form gathers personal information which will be used to assist us with your application for supported independent living accommodation with LILAC Support.

Please give us as much information as possible, as this helps us assess whether LILAC Support can give you the best support you require.

Family Name:	
Given Name:	
Preferred Name:	
Address:	
Mailing Address:	
Date of Birth:	
Marital Status:	
Gender:	

Other support person contact details:

Name:	
Phone number	
Email	
Relationship to you	

Support Required (May tick multiple boxes):

Level of support required ☐ **1:1** ☐ **1:2** ☐ **1:3** ☐ **1:4**	
Emergency	☐
Long term SIL	☐
Short term SIL	☐
24/7	☐
Less than 24/7	☐

Period Required:

Start Date:		End Date:	

Requirements:

☐ **Furnished Bedroom**	☐ **Personal Care**	☐ **Behaviour Support**
☐ **Unfurnished Bedroom**	☐ **Interpreter**	☐ **Special Diet**
☐ **Wheelchair Access**	☐ **Overnight Support**	☐ **Medication Assistance**

Do you have an NDIS Plan?

☐ **Yes** ☐ **No** ☐ **Not Sure**

If you do, what is your NDIS Plan Number, start and end & dates? No.

Start date End date

How is your NDIS (or other) plan and funding managed?

☐ **Plan Manager** ☐ **Self Managed** ☐ **NDIS Managed** ☐ **Other**

What specialised supports are you currently receiving? Attach any reports/plans

SERVICE	NAME OF PROVIDER	CURRENT REPORT
OCCUPATIONAL THERAPY		☐ **Yes** ☐ **No**
BEHAVIOURAL SUPPORT		☐ **Yes** ☐ **No**
SPEECH THERAPY		☐ **Yes** ☐ **No**
PHYSIO		☐ **Yes** ☐ **No**
DIETICIAN		☐ **Yes** ☐ **No**
SPECIALISED SUPPORT CO-ORDINATION		☐ **Yes** ☐ **No**
OTHER		☐ **Yes** ☐ **No**

Is there anything else that we need to know to best support you or the other residents in the home ie: any cultural, religious, values and beliefs?

Any allergies or illness?

Other?

Ring or email us if you have any concerns or problems filling out this form.

Once complete please email this form back to us at admin@lilacsupport.com.au