Lilac Support

EXPRESSION OF INTEREST

This form gathers personal information which will be used to assist us with your application for supported independent living 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 Accommodation	☐
Community Participation	☐
In –home support	☐

Types of support required

Weekly Supports:

*Indicate with an '**A**' for active or '**P**' for passive overnight supports*

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00PM							
12:00 PM							

Period Required:

Start Date:		End Date:	

Requirements:

☐ Furnished Bedroom	☐ Personal Care	☐ Behaviour Support
☐ Unfurnished Bedroom	☐ Interpreter	☐ Special Diet
☐ In Home Support	☐ Transport Support	☐ Community Inclusion
☐ Wheelchair Access	☐ Overnight Support	☐ Medication Assistance

Do you have an NDIS Plan?

☐ Yes ☐ No ☐ Not Sure

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 ie: any cultural, religious, values or beliefs?

Are any additional Supports required?

Are there any hobbies or preferred outings?

Provide details of anything that would make you happy or sad

Are there any behaviors of concern? If so please list them below

Are there any triggers for behaviors of concern to be aware of?

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