If applying to enroll more than one Shared Supported Accommodation (SSA) residence, please submit one application per   
property location.

1. Document checklist

|  |  |  |
| --- | --- | --- |
| Property name |  |  |
|  | | |

Attached as PDF

## If the property is Specialist Disability Accommodation (SDA) enrolled

|  |  |  |
| --- | --- | --- |
| Evidence of current SDA compliance certification for SDA provision with the NDIS |  |  |

## If the property is not SDA enrolled

|  |  |  |
| --- | --- | --- |
| a Certificate of Occupancy **or** Essential Safety Measures Determination (whichever is most current) specifying a minimum of Class 3 building as per the National Construction Code (NCC) |  |  |

|  |  |  |
| --- | --- | --- |
| a current Annual Essential Safety Measures Report (VIC) **or** Fire Safety Compliance Certificate (Interstate) |  |  |

## All properties to submit

|  |  |  |
| --- | --- | --- |
| Written approval to use residence as a SSA facility from property owner  (if owned by an entity/landlord other than the Disability Service Provider applicant) |  |  |

|  |  |  |
| --- | --- | --- |
| Floor Plan of Residence clearly indicating all bedroom sizes and emergency exit routes |  |  |

|  |  |  |
| --- | --- | --- |
| Any other supporting documentation |  |  |

|  |  |  |
| --- | --- | --- |
| Please describe |  |  |
|  |

2. Property details

## Property

|  |
| --- |
| Property name |
|  |

|  |  |
| --- | --- |
| Address | |
|  | |
| Suburb: | Post code |

|  |  |  |
| --- | --- | --- |
| Property phone number |  | Property email |
|  |  |  |

## Property manager

|  |  |  |
| --- | --- | --- |
| Property manager title |  | Property manager name |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Property manager  business phone number |  | Property manager  mobile phone number |  | Property manager email |
|  |  |  |  |  |

## Residence owner/landlord

|  |  |  |
| --- | --- | --- |
| Is the SSA service provider the owner/landlord of the property where the accommodation is provided? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If no, please complete: |  | Residence owner/landlord name | | |
|  |  |  | | |
|  |  | Registered business/company name | | |
|  |  |  | | |
|  |  | ABN/ACN |  | Business phone number |
|  |  |  |  |  |
|  |  | Business email | | |
|  |  |  | | |

3. Residence attributes

|  |  |  |
| --- | --- | --- |
| Maximum number of residents the SSA service provider will accommodate in this property. |  |  |

Note that each resident must have their own bedroom (unless resident preference dictates otherwise) large enough to accommodate their personal items, support needs activities and equipment.

## If the property is SDA enrolled

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How is it registered? |  |  | What is the building type? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | If ‘Other’, please specify |  |  |

What is the design category/categories?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Basic |  |  | Robust |  |  | High physical support |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Improved livability |  |  | Fully accessible |  |  |

## If the property is not SDA enrolled

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is the building type? |  |  | If ‘Other’, please specify |  |  |

## All properties

|  |  |  |
| --- | --- | --- |
| Has the property undergone TAC or WorkSafe funded complex home modifications? |  |  |

|  |  |  |
| --- | --- | --- |
| If yes, what was the date of modifications? |  | / / |

4. Targeted demographic

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender |  |  | Average Age of Residents |  |  | Injury Profile Specialties |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | If ‘Other’, please specify |  |  |

5. Details of residence

|  |
| --- |
| Physical structure (e.g. brick, weatherboard, etc.) |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the residence single or multi-level? |  |  | If multi-level, please specify number of levels |  |  |

|  |  |  |
| --- | --- | --- |
| If this residence is cladded, is the cladding approved fire resistant? |  |  |

|  |  |  |
| --- | --- | --- |
| Are fire sprinklers installed throughout the property? |  |  |

|  |  |  |
| --- | --- | --- |
| Is the front of house wheelchair accessible? |  |  |

|  |  |  |
| --- | --- | --- |
| Is the rear of house wheelchair accessible? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do any bedrooms have a ceiling or wall mount hoist? |  |  | If yes, how many? |  |  |

|  |
| --- |
| Please describe front and rear access. |
|  |
| Please describe type of heating/cooling in common areas. |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do bedrooms have independent heating/cooling? |  |  | Please describe |  |  |
|  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is there call buzzer access for each resident? |  |  | Is there a TV outlet in each bedroom? |  |  |

|  |  |  |
| --- | --- | --- |
| Number of separate living areas allowing capacity for residents to have independent spaces. |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of bathrooms in residence |  |  | How many are shared bathroom facilities? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How many are private ensuite facilities? |  |  |  |  |  |

Please indicate if any of the bathrooms in the residence have the following items:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Wheelchair accessible |  |  |  | Standard bath |  |  | Accessible bath |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Standard shower |  |  | Accessible shower |  |  | Hoist / Ceiling hoist |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other modifications/equipment |  |  | If ‘Other’, please specify |  |  |

6. Property restrictions

|  |  |  |
| --- | --- | --- |
| Are areas of the house locked and/or restricted? |  |  |

|  |
| --- |
| If yes, provide description and rationale. |
|  |

|  |  |  |
| --- | --- | --- |
| Are there areas of the house that require supervision to access? |  |  |

|  |
| --- |
| If yes, provide description and rationale. |
|  |

|  |  |  |
| --- | --- | --- |
| Are there separate male/female areas? |  |  |
| If yes, provide description and rationale. | | | |
|  | | | |

7. Outdoor facilities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is there an outdoor recreational area/garden? |  |  | If yes, is this area fully accessible? |  |  |

|  |
| --- |
| Please describe outdoor recreational facilities/equipment. |
|  |

|  |  |  |
| --- | --- | --- |
| Is there a designated smoking area? |  |  |

8. Resident and visitor access

|  |
| --- |
| Please describe access requirements for residents (e.g. unlimited access with own key or fob, keypad entry, etc.). |
|  |

|  |
| --- |
| Please describe security measures/policies in place for access to residence by visitors. |
|  |

|  |
| --- |
| What hours can family and friends visit (e.g. 24-hour access, 9-5pm, etc.)? |
|  |

|  |  |  |
| --- | --- | --- |
| Is there a separate area where clients can receive visitors? |  |  |

9. Local amenities

Please indicate timeframes or distance to each type of amenity.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | How far away is it (km)? | Walking | | Bus | | Train | | Tram | | Is the amenity wheelchair accessible? |
|  | Can I walk? | How long does it take? | Can I catch a bus? | How long does it take? | Can I catch a train? | How long does it take? | Can I catch atram? | How long does it take? |
| Shopping centre |  |  |  |  |  |  |  |  |  |  |
| Supermarket |  |  |  |  |  |  |  |  |  |  |
| Parks and gardens |  |  |  |  |  |  |  |  |  |  |
| Recreational or health and wellbeing facilities |  |  |  |  |  |  |  |  |  |  |
| Community services |  |  |  |  |  |  |  |  |  |  |
| Public transport |  |  |  |  |  |  |  |  |  |  |
| Medical facilities |  |  |  |  |  |  |  |  |  |  |
| Religious organisations |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Any further comments |
|  |

## Declaration

I declare that the information provided regarding this property is true and accurate at the time of writing.

|  |
| --- |
| Registered business/company name |
|  |

|  |
| --- |
| Property being enrolled |
|  |

|  |
| --- |
| Name of person completing form |
|  |

|  |
| --- |
| Position held by person completing form |
|  |

|  |  |  |
| --- | --- | --- |
| Signature |  |  |
|  |  | Date |
|  | / / |

Insert image (jpg/png) of signature and submit by email.

## Personal and health information

TAC

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at [www.tac.vic.gov.au](http://www.tac.vic.gov.au)

WorkSafe

Personal and health information collected by WorkSafe and its Agents on this form is used for the purpose of processing, assessing and managing claims under Victorian workers’ compensation legislation to assist with a worker’s rehabilitation and return to work and to assist WorkSafe and its Agents to better manage claims generally.

For the purposes of processing, assessing and managing a claim, WorkSafe and the Agent of the injured worker’s employer may use and/or disclose personal and health information collected in this form or about the worker to each other and to the following types of organisations: employees, contractors and agents of WorkSafe and its Agents; employers of the injured worker; solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to the claim; the Accident Compensation Conciliation Service and Medical Panels; a court or tribunal in the course of criminal proceedings or any proceedings under any of the Acts which WorkSafe administers; any other person, organisation or government agency authorised by the individual the information is about, or by law, to obtain the information.

An individual may request access to personal and health information about them collected by WorkSafe or an Agent by contacting the Agent. Personal and health information collected by WorkSafe is managed in accordance with the legislation, applicable privacy laws, and the WorkSafe Privacy Policy. The WorkSafe Privacy Policy is available at the nearest WorkSafe office or at [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)