



Supported Accommodation Service (SAS) Application Form

Please complete and return to PO Box 1519, Milton, 4064 or fax to (07) 3367 1053 Phone: 3367 1049

1. Client Contact Details (person with acquired brain injury)

Name:

Date of birth / /

Gender: M / F

Address:

Phone:

Existing Service (if any):

Service Contact/Case Manager

Phone:

2. Details of the person making the referral (if not the person listed above)

*This section only needs to be completed if **someone else**, such as another service provider or family member, is referring you to the Supported Accommodation Service.*

Name:

Address:

Phone

Relationship to applicant:

Organisation (if applicable):

Does the client consent to this referral?

Yes

No

If YES please provide signed consent to referral form

Assistance required/Reason for Referral. Please tick all that apply:

- Permanent Long Term Accommodation
- Short Term Accommodation
- Cognitive skills training
- Rehabilitation
- Skills Development
- Exercise/therapy

Other:

3. Client information

This information will help us assess if SAS will be able to assist you.

Year of acquired brain injury (ABI):

Cause of ABI:

How has ABI impacted on you, your life, and others around you? Please tick all that apply.

- Behaviour
- Friendships/relationships
- Employment
- Legal
- Memory
- Substance Abuse
- Mental health

Other:

List any goals that you require assistance to achieve:

Do you have any specific communication needs? (e.g. communication aid, interpreter) If yes, please describe.

Do you have any medical conditions/issues? If yes, please give details

What are your current living arrangements? (e.g. live alone, share accommodation, with family).

What is your preferred type of accommodation and where (e.g. Shared accommodation/North Brisbane)

Do you use any other services or supports? If so, please give details:

4. Please provide details of an advocate or another person that SAS can contact (if not person in Question 2):

Name:

Phone:

Relationship (e.g. parent, carer, friend, doctor):

5. What is your main source of income?

Paid employment

Compensation payments

Disability Support Pension

No income

Other pension or benefit

Other income

Do you receive any individualised funding such as an Adult Lifestyle Support package from Disability Services Qld? Yes No

6. Application completed by (if not the person with acquired brain injury)

Name:

Position/relationship

Phone:

Organisation (if applicable)

7. Consent

I understand that the information that I have provided on this form will be treated as confidential by SAS. You are under no obligation to provide consent to the use of your personal information. In the event that you do not consent, we will respect your wishes and will not use the information for that purpose in any identified format. However, without essential information, SAS may be limited in the quality and scope of support and services provided to you. I understand that completion and submission of this form does not guarantee that SAS will provide accommodation/lifestyle services for me.

I hereby consent to the use of my personal information for the purposes indicated below:

- To assist medical practitioners, rehabilitation providers and institutions who may treat me in the future, but only to the extent necessary to support me in regards to my particular condition/situation.
- To inform next of kin identified in my registration form of the outcome of support and intervention or to obtain consent to necessary support when I am not able to provide such consent.
- To negotiate support costs and funding requirements with identified funding bodies.
- To assist in the development of service delivery.

Applicant/advocate/other person:

Name:

Signature:

Date:/...../.....

SAS USE ONLY

Date application received:

Date application processed:

Staff member:

Application status: A R

Action taken:

Notes:

Date for Assessment: / /