

## Expression of Interest Supported Independent Living

### Introduction

WE CARE NSW (WE) is committed to providing supported independent living (SILS) options which meet the housing, health, cultural, economic and social and emotional needs of NDIS participants. WE have prepared this SIL EOI to obtain information about the individual needs of the NDIS participant and to ensure that we collect required information to support the NDIS SILS quoting and approval procedures.

The completion of this EOI will be conducted over the following steps:

**Step 1:** Meet with the participant, their family/carer/guardian (nominated representative) and/or their coordinator of supports to: collect information about the individual needs of the NDIS participant, to discuss their accommodation needs and requirements; to discuss their individual care and support needs; and to propose a service offering for the NDIS participant.

**Step 2:** WE will then prepare a quote for the provision of SIL in partnership with the NDIS participant, their family/guardian and/or their coordinator of supports. Once agreed this quote will be submitted to the NDIS for approval.

**Step 3:** Once approved WE will then offer the NDIS a participant one of our current vacancies based on their identified needs and/or will work with the NDIS participant, their family/guardian to secure appropriate accommodation in a location as close as possible to their systems of support.

## Understanding the Individual Needs of the NDIS Participant

### Client Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

NDIS number \_\_\_\_\_ NDIS Plan dates \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation \_\_\_\_\_ Income e.g.: DSP / Employment \_\_\_\_\_

Does the client identify as

☐ Aboriginal ☐ Torres Strait Islander ☐ Other cultural and linguistic diversity \_\_\_\_\_

Country of Birth \_\_\_\_\_

Next of Kin Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact in Emergency \_\_\_\_\_

Public Guardian ☐ Yes ☐ No

Public Trustee ☐ Yes ☐ No

Participant Disability/Disabilities \_\_\_\_\_

Current Behaviours of Concern \_\_\_\_\_

Participant Level of Support based on your knowledge of the participant, provide their current support needs level based on the criteria in the NDIS price guide (i.e. Low/Standard/High)

Housing ☐ Public ☐ Private ☐ N/A

Requesting Supported Independent Living ☐ Yes ☐ No ☐ Unsure

**Participant Goals** List and describe the participant's goals in relation to independent living (e.g. the participant might like to learn how to cook, or dress themselves, etc.)

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**Participant Current Supports** List and describe the participant's current support needs (e.g. requires assistance with personal care and hygiene, requires assistance with feeding, etc.)

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**Participant Support Needs History** This gives providers the opportunity to describe the support needs history of a participant and the work they have done with that individual.

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**Participant Informal and Other Supports** List and describe the current informal and other supports being provided to a participant. (e.g. attending a day program, family visits, etc.)

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**Participant Mainstream Supports** List and describe any mainstream supports provided to the participant.

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## Other Healthcare Providers

Service Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Details \_\_\_\_\_

Service Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Details \_\_\_\_\_

Service Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Details \_\_\_\_\_

## Risk Factors

Is there likely to be others at home during visits? ☐ Yes ☐ No

Details \_\_\_\_\_

Is there any known domestic violence? ☐ Yes ☐ No

Details \_\_\_\_\_

Are there any AVOs in place or charges pending? ☐ Yes ☐ No

Details \_\_\_\_\_

Are there any firearms/weapons in the house? ☐ Yes ☐ No

Details \_\_\_\_\_

Is there any current or recent AOD issues? ☐ Yes ☐ No

Details \_\_\_\_\_

**Risk Management Strategies**

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**Health Maintenance & Treatments** (e.g. medications, annual exams)

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## Individual Hopes and Aspirations for SIL

In what suburb/s would you like to live?

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What is an affordable rent amount for you? (including your income and related subsidies)

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How many other residents would you like to live with? What is the number of residents that your SILS funding aims for you to live with? i.e. individual placement or living with 2, 5, 8 or other residents etc.

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Do you have any specific property needs? e.g. accessibility, grab rails, hoists, shared areas, personal space concerns etc.

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Do you have your own furniture to bring to the property?

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What changes would you like to see in your capacity for independent living over the next twelve months?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What changes have you noticed in your capacity for independent living over the previous twelve months?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

☐ N/A, no support provided to date

## Your Individual Support Needs

Do you receive any individual supports? Provide the number of hours, pattern of supports and weekly costs for individual supports (e.g. 1:1)

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MON	TUES	WED	THUR	FRI	SAT	SUN

Do you receive any shared supports? Provide the number of hours, pattern of supports and weekly costs for shared supports (e.g.

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MON	TUES	WED	THUR	FRI	SAT	SUN

Do you receive any irregular supports? Provide the number of hours, pattern of supports and weekly costs for irregular supports. Irregular supports are those supports that are unplanned (e.g. participant unable to attend day program due to illness).

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MON	TUES	WED	THUR	FRI	SAT	SUN

Do you spend regular times with family, friends through the day and/or the evening? provide the number of hours and the pattern of family/friend supports.

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Do you require the active support of carers overnight? Provide details about whether active overnights or sleep overs are required to support the individual needs.

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## What happens next?



WE will prepare a quote for the provision of SIL's based on your individual accommodation supports needs and other current supports.



WE will meet with you, your family/carer/guardian and/or coordinator of supports to discuss the quote and to ensure that it includes all of your individual support needs.



WE will submit the quote to the NDIS for review.



NDIS will review the quote and may request some additional information to justify your individual support needs.



Following the review and provision of any requested information, the NDIS will approve your quote for SIL's.



NDIS will release funding to your SILs provider to commence the delivery of supports to meet your individual accommodation and capacity building needs.



WE will then arrange a timeline for you to transition into SIL. This transition will be developed to support your individual needs at this time.

## Completed Forms

Completed forms can be returned via email to  
[reception@wecarensw.com.au](mailto:reception@wecarensw.com.au)

## For More Information and Support

Please email [reception@wecarensw.com.au](mailto:reception@wecarensw.com.au)

or call 02 4013 6079

or visit 50 Church St Maitland NSW 2320