

# Expression of Interest – SIL

<b>Participant Details</b>		Date:
Name:	Date of Birth:	Age:
Participant's phone:	Participants email:	
Address:		Post Code:
State: NSW	Does the participant identify as Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender:	Preferred contact method:	
NDIA Number: <b>Please note NDIS Plan is needed to progress</b>		NDIS plan shared? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your primary diagnosis?		
Do you have other significant disability groups?		

<b>Parent / Primary Carer / Guardian/ Person responsible if under 18.</b>		
Name:	Relationship to participant:	
Address:		
Suburb:	State: NSW	Post Code:
Phone:	Mobile:	
Email:	Preferred contact method:	

### Which location are you interested in?

Where and Why this location?

Are you open to alternative locations?

### What support needs are you funded/ expecting funding for?

Low level support       Moderate level support       High/ complex support needs

### What type of accommodation do you need?

Low-level drop-in support (staff for selected times only) Independent living or 2 shared  
 SIL 24/7 staff support with staff sleepover onsite with 3-4 residents  
 SIL 24/7 staff support with staff awake onsite with 3-4 residents  
 Other:

### Behaviour support:

Are there any challenging behaviours? Yes  No   
 Does the person have a behaviour support plan? Yes  No

**Please attach if Yes, if no this may be needed before the participant can be considered.**

Please return to [supportadvisor@samaritans.org.au](mailto:supportadvisor@samaritans.org.au)

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## How high is the risk to self and others?

- Minor
- Moderate
- Major

## What is the likelihood of this occurring?

- Rarely
- Occasionally
- Always

### Accommodation Needs

- Wheelchair access needed
- Transfer support needed
- 2-person personal care needed
- Non-Verbal communication
- Restrictive practices e.g. locking cupboards, car restraints
- Challenging Behaviours e.g. verbal and/or physical aggression
- Mobility e.g. Walker, walking stick, fall risk
- Medical condition e.g. diabetes, heart or respiratory issues

- Psychiatric Illness/ Mental health
- Alcohol/ drug abuse
- Absconding
- Epilepsy
- Choking risk
- Sleep disorder
- Smoker
- Sexual vulnerability
- Criminal history
- History of trauma
- Other:

### Please attach specialist letters/ assessments if ticked

Things the participant likes:

Things the participant doesn't like:

### Additional information:

### Referrer Details

*(Please complete if you are receiving a referral on behalf of the participant)*

Name:

Relationship to Participant

Organisation: *(where relevant)*

Landline Contact:

Mobile Contact:

E-mail Address:

Preferred contact method

### How did you hear about Samaritans?