

Expression of
Interest Intake Form



Soteria
SUPPORTED INDEPENDENT LIVING

Client Details		Referral Date:	
Full Name: _____			
Date of Birth: _____		Gender: _____	
NDIS Participant No: _____		Contact Number: _____	
Current Address: _____ _____			
Person/s Responsible			
Name: _____			
Contact Phone No: _____		Email: _____	
Support Coordinator			
Name: _____			
Contact Phone No: _____		Email: _____	
Public Guardian/Advocate			
Name: _____			
Contact Phone No: _____		Email: _____	
About Where Do I Want to Live?			
Local Government Area: _____			
Within (KM) Radius: _____			
My Specific Support Needs			
Primary Diagnosis: _____ _____			

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Places I Like to Go

Where I visit my family: _____

Where I work or attend programs: _____

Where do you live now and who do you live with?

When would you like to move?

Do you have any specific cultural or religious requirements?

Do you require support with your behaviour? (tick as appropriate)

- I can be physically aggressive towards others
- I engage in physical aggression towards myself (self-harm)
- I can be physically aggressive towards property
- I can be verbally aggressive towards others
- I may abscond or accidentally walk off
- I have sexualised behaviour needs
- Other: _____

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What are your access / mobility requirements?

- I'm at risk of Slip / trip / falls
- I need support with Manual handling at times
- I use a manual wheelchair
- I use an electric wheelchair
- I use a walking frame
- I can self-transfer to bed or vehicle
- I need to use a hoist when transferring
- I require bathroom modifications
- I can walk without staff assistance
- I can climb some stairs i.e. 2-3
- I can climb a flight of stairs
- Other: _____

What are your vehicle/ transport requirements?

- I can travel in passenger car.
- I require a larger vehicle like a multi-passenger vehicle i.e. Hyundai Imax.
- I need to use a fold-down step or other vehicle modifications.
- need a wheelchair accessible vehicle with hoist
- I require driver protection screen i.e. like taxi screen.
- I use a harness or seat belt guard.
- I can use public transport.
- I can walk to the shops unassisted.
- Other: _____

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What are your daily living requirements?

- I need staff support all the time
- I need support with my health condition such as epilepsy / diabetes / bolus feeds
- I need support to take my regular medication
- I can sleep through the night
- I wake during the night and need staff support
- I may need a second break out/living area as I tend to talk a lot or make a lot of sounds
- I have a hearing impairment
- I have vision impairment.
- Other: _____

Is there anything else specific you would like to let us know?

Is there any supporting documentation you can provide?

- NDIS details, plan number, date of review, amounts in core supports
- Has SIL been mentioned as a goal in plan, SIL quoted, current SIL
- Change of circumstance form
- SIL functional assessment
- SDA eligibility
- Behaviour management plans
- Health Support plans