

## Independent Living Skills Assessment

This form is to be completed by the client's health professional or support provider if the client has consented to the social housing provider's request for an independent living skills assessment. The Assessment will be used to assist the social housing provider in determining the client's ability to live independently without support, or with appropriate support in place. Please print in BLOCK LETTERS with a black or blue pen. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a ☒. If you need more room to answer any questions, please include details on a separate page and attach it to this form.

T File number

Client reference number

Name of social housing provider

### Client consent

I, the undersigned (provide full details)

Title  
Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Phone

Mobile

Email address

Do hereby authorise and direct the following agency to provide information (including health information) relevant to my housing application.

Name of health professional/support worker/  
carer

Name of agency

Address of agency

Street/Avenue

Town /Suburb

Postcode

Telephone number

I agree that only details which directly relate to my social housing application can be discussed. The release of information from the above agency is for the purpose of clarifying issues relating to my ability to live independently with or without support.

Full name (please print)

Date

DD / MM / YYYY

Signature

X

If applicable

Guardian's full name (please print)

Date

DD / MM / YYYY

Guardian's signature



## Independent living skills assessment

To be eligible for social housing, the client must be able to sustain a successful tenancy. This means that they must be able to meet the obligations of their tenancy agreement, without support, or with appropriate support in place. The following criteria need to be addressed in order to assist the social housing provider to determine whether social housing is the most appropriate housing option for the client's current housing and support needs.

### Section A: To be completed by client's health care professional or support provider

1. How long have you known or worked with the client?

2. Have you seen or worked with the client in a home environment?

☐ Yes

☐ No

3. In your professional opinion, is the client willing to engage or work with support services?

☐ Yes

☐ No

Provide details below and go to Section B

### Section B: Financial Management

4. Based on your professional opinion, does the client have the ability to manage their own finances?

☐ Yes → Go to Section C

☐ No → Go to question 5

5. Is the NSW Trustee and Guardian or the Public Guardian managing the client's finances?

☐ Yes → Go to Section C

☐ No → Go to question 6

6. Is a third party such as a family member managing the client's finances?

☐ Yes

☐ No → Go to Section C

Provide details below and go to Section C

### Section C: Property Care

7. Based on your professional opinion, does the client have the ability to maintain their home in a satisfactory condition (without support) and not cause property damage?

☐ Yes → Go to Section D

☐ No → Go to question 8

8. Does the client have the ability to maintain their home in a satisfactory condition with support and not cause property damage?

☐ Yes

☐ No

**9. Is the client currently accessing required support services?**

☐

Yes

Please list and describe support services being received below

☐

No

Please provide the reasons why the client is not accessing required supports below

## Section D: Personal Care

**10. Based on your professional opinion, does the client have the ability to look after their basic day-to-day personal care needs without support?**

☐

Yes — Go to Section E

☐

No — Go to question 11

**11. Is a service provider such as Homecare supporting the client in this function?**

☐

Yes

Please list and describe support services being received and go to Section E

☐

No — Go to question 12

**12. Is the client being supported in this function by a carer?**

☐

Yes

Please provide details below and go to Section E

☐

No — Go to question 13

**13. If the client requires support to perform this function and is not accessing required supports, please provide reasons:**

14. If required, does the client comply with medication support?

☐ Yes — Go to Section E

☐ No  
Please advise what strategies are in place to assist with treatment

Section E: Social interaction

15. Based on your professional opinion, does the client have the ability to be responsible for their own conduct as well as the conduct of their visitors and not cause or permit nuisance or annoyance?

☐ Yes  
Please provide details below

☐ No  
Please provide details below

16. In your professional opinion, does the client have the ability to live in close proximity with others?

☐ Yes  
Please provide details below

☐ No  
Please provide details below

17. Please outline any other issues relevant to the client's ability to live independently that the social housing provider needs to take into consideration

## Section F: Disability Support

18. Is the client a National Disability Insurance Scheme (NDIS) participant?

☐

Yes

Please provide name and contact details for the client's main support provider and attach client's NDIS support plan

☐

No — Go to question 19

19. Has the client been assessed as not eligible for NDIS?

☐

Yes — Go to question 20

☐

No — Refer client to NDIS for assessment

20. Is the client receiving support from a disability service provider?

☐

Yes

Please provide name and contact details for the client's support provider

☐

No — Refer client to NDIS for assessment

19. If required, does the client's NDIS support plan include funding for the following?

Home modifications

☐

Yes

☐

No

Home and domestic care

☐

Yes

☐

No

Lawn and garden care

☐

Yes

☐

No

Financial management

☐

Yes

☐

No

Personal care

☐

Yes

☐

No

Behaviour management

☐

Yes

☐

No

If client has a formal behaviour support plan, please provide details

The assessment is now complete. Thank you for your cooperation.

Health/support worker name (please print)

Position

Date

DD / MM / YYYY

Signature

X