

Department of Health and Human Services

Disability and Community Services

Individual Funding Unit - Individual Support Packages Application Form

For Individual Support Program (ISP), Community Access and Young People in Residential Aged Care (YPIRAC)



I. Support requested in this Application

I.1 Support requested in this application.

- ISP – personal support/respite - complete section 4
- ISP - Equipment / Home modification – complete section 5
- Young People in Residential Aged Care (YPIRAC) – complete section 6
- Community Access – complete section 7

2. Applicant Details (complete this section for all programs)

2.1 Full Name

2.2 Date of Birth

2.3 Sex

1 Male

2 Female

2.4 Current address

Address:

Suburb:

Post code:

2.5 Contact details

Address:

Email:

Telephone Number:

Mobile Number:

2.6 Is the applicant the primary contact person in relation to this application?

Yes - if yes, go to question 2.8

No - if no, please go to question 2.7

Primary contact may be a legal guardian, carer, or other person nominated by the applicant.

Confidentiality Note: The use of your personal information is subject to the provisions of the *Personal Information Protection Act 2004 (PIP)*. More information about PIP can be obtained from Disability Services Offices, other DHHS offices or the DHHS website www.dhhs.tas.gov.au

		9	<input type="checkbox"/> Hearing (sensory)
		10	<input type="checkbox"/> Speech
		11	<input type="checkbox"/> Psychiatric
		12	<input type="checkbox"/> Developmental delay (apply to 0–5 year olds only, where no other category is appropriate) <i>If the individual has other significant disability/ies. Please specify:</i>
2.12 Date Application Completed			

4. Application for Individual Support – personal support or respite (including the old Respite for Older Carers Program)

The Individual Support Program funds packages including personal care, in home support and respite. This support can be intermittent and time limited or regular and ongoing.

4.1 Support required	<input type="checkbox"/> Recurrent personal support - go to 4.2 <input type="checkbox"/> Recurrent respite - go to 4.2 <input type="checkbox"/> One off personal support / respite - go to 4.3
4.2 Total recurrent ISP hours requested (per week) <i>Go to 4.4</i>	Hours per week
4.3 Total ISP One Off hours requested	Total Hours
4.4 Does the applicant have a preferred service provider?	<input type="checkbox"/> Yes – Service Provider: <input type="checkbox"/> No – go to 4.6
4.5 Has the preferred service provider been contacted regarding this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6 Do any of the criteria listed apply to this application?	<input type="checkbox"/> Provision of service will reduce risk of accommodation breakdown <input type="checkbox"/> Provision of service will enhance the applicant’s health and wellbeing <input type="checkbox"/> Provision of service will enhance carer and/or family health and wellbeing <input type="checkbox"/> Provision of service will improve applicant’s participation in, and access to community <input type="checkbox"/> Provision of service will increase applicant’s independent participation in activities of daily life <input type="checkbox"/> Service is required to address Occupational Health and Safety Issues
4.7 Provide supporting information for all criteria checked in 4.7. Relevant reports may be included.	

4.8 Complete the table below for requested **recurrent** ISP support to be provided by a service provider to the applicant on a weekly basis.

Day	Time (from – to)	Duration	Type of Support (eg. Personal care)
Monday	From To	hrs mins	
	From To	hrs mins	
	From To	hrs mins	
Tuesday	From To	hrs mins	
	From To	hrs mins	
	From To	hrs mins	
Wednesday	From To	hrs mins	
	From To	hrs mins	
	From To	hrs mins	
Thursday	From To	hrs mins	
	From To	hrs mins	
	From To	hrs mins	
Friday	From To	hrs mins	
	From To	hrs mins	
	From To	hrs mins	
Saturday	From To	hrs mins	
	From To	hrs mins	
	From To	hrs mins	
Sunday	From To	hrs mins	
	From To	hrs mins	
	From To	hrs mins	
4.9 Provide details of requested One Off service. This includes type of service, reason for application, hours, and dates of service.			

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5. Application for equipment or home modifications

The individual support program can provide assistance with the cost of equipment or home modifications. The program can only fund home modifications if the property is owned by the applicant or their family. The program does not fund vehicles, continence aids or medical equipment.

5.1 Support Requested	<input type="checkbox"/> Equipment <input type="checkbox"/> Home Modifications	
5.2 Details of equipment / maintenance and cost	ITEM 1. 2. 3.	COST (Lowest quote) 1. \$ 2. \$ 3. \$
5.3 Has the equipment / modification been recommended by a treating therapist?	<input type="checkbox"/> Yes - if Yes attach copy of therapist report <input type="checkbox"/> No	
5.4 Have three quotes been obtained for the equipment / modification? Note- a single quote is sufficient for customised or specialist equipment.	<input type="checkbox"/> Yes - if Yes please attach copies of quote/s. <input type="checkbox"/> No	
5.5 Have applications for assistance with the cost of these items been made to another service or organisation?	<input type="checkbox"/> Yes If Yes please provide details of other applications and outcome if known: <input type="checkbox"/> No	
5.6 Do any of these criteria apply to this application?	<input type="checkbox"/> Provision of service will reduce risk of accommodation breakdown <input type="checkbox"/> Provision of service will enhance the applicant's health and wellbeing <input type="checkbox"/> Provision of service will enhance carer and/or family health and wellbeing <input type="checkbox"/> Provision of service will improve applicant's participation in, and access to community <input type="checkbox"/> Provision of service will increase applicant's independent participation in activities of daily life <input type="checkbox"/> Service is required to address Occupational Health and Safety Issues	
5.7 Provide supporting information for all criteria checked in 5.6.		

6. Application for Younger People in Residential Aged Care (YPIRAC)

The Younger People in Residential Age Care program assists people under 50 living in Residential Aged Care (RAC) through enhancing their experience in RAC, or by diverting those at risk of entering a RAC. Where available, YPIRAC can also help people to move to more appropriate accommodation.

6.1 Support requested	<input type="checkbox"/> Enhancement Package <input type="checkbox"/> Diversion Package
6.2 Total hours requested	Hours per (week / month)
6.3 Provide details of support required - this must include type of support requested, days of the week it is to be delivered, number of hours of support each day and period.	
6.4 Does the applicant have a preferred service provider?	<input type="checkbox"/> Yes – Service Provider: <input type="checkbox"/> No – go to 6.6
6.5 Has the preferred service provider been contacted regarding this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6 Do any of these criteria apply to this application?	<input type="checkbox"/> Provision of service will reduce risk of accommodation breakdown (if not already in RAC) <input type="checkbox"/> Provision of service will enhance the applicant’s health and wellbeing <input type="checkbox"/> Provision of service will enhance carer and/or family health and wellbeing <input type="checkbox"/> Provision of service will improve applicant’s participation in, and access to community <input type="checkbox"/> Provision of service will increase applicant’s independent participation in activities of daily life <input type="checkbox"/> Service is required to address Occupational Health and Safety Issues
6.7 Provide supporting information for all criteria checked in 6.6. Relevant reports may also be included.	

7. Application for Community Access

Community Access enables people with a disability to participate in activities ranging from recreation and leisure through to new learning and training opportunities during day time hours.

7.1 Support Requested	<input type="checkbox"/> New Community Access package <input type="checkbox"/> Increase an existing Community Access package
7.2 Total Community Access days requested	<input type="checkbox"/> 5 days <input type="checkbox"/> 4 days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days <input type="checkbox"/> 1 day
7.3 Does the applicant have a preferred service provider?	<input type="checkbox"/> Yes – Service Provider: <input type="checkbox"/> No – go to 7.5
7.4 Has the preferred service provider been contacted regarding this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Do any of these criteria apply to this application?	<input type="checkbox"/> Applicant currently lives in a specialist disability services accommodation services (or is moving into one within 3 months of date of this application) and does not have a Community Access service. <input type="checkbox"/> Provision of service will reduce risk of accommodation breakdown <input type="checkbox"/> Provision of service will enhance the applicant’s health and wellbeing <input type="checkbox"/> Provision of service will enhance carer and/or family health and wellbeing <input type="checkbox"/> Provision of service will enhance applicant’s participation in, and access to their local community
7.6 Provide detailed information to support all criteria checked in question 7.5. Relevant reports may also be included.	

8. Agreement and Authorisation

We the undersigned agree that all arrangements and conditions specified within this Application Form are correct.

Applicant

Applicant's Name:

Signature:

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

and/or

Primary Contact

Primary Contact Name:

Signature:

Relationship to applicant:

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

Service Provider

Name:

Signature:

Position:

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

Please Note: This application is not valid without applicant or primary contact signature.

This application should be submitted to the relevant Gateway Service, in order for it to be prioritised for funding.

Lodgement of this application does not guarantee funding will be allocated.

Current Services Received

Please list all support that the applicant currently receives, and include information about the number of hours received and frequency of the service (for example four hours per week, or six hours per month)

Support	Provided by	Funded by	Amount (time)	Frequency

EXAMPLE

Support	Provided by	Funded by	Amount (time)	Frequency
Respite for Older Carers	Statewide Services Inc	Disability Services	6 hours	monthly
Cleaning	Statewide Services Inc	HACC	45 minutes	weekly