



Important Information

The purpose of this Expression of Interest is to assist us (Thrive), in gathering all of the information required to adequately assess your referral for Accommodation support. Before completing this document, please ensure that you:

- Have read our *Client Rights & Service Charter* (this covers our commitments to privacy, complaints, feedback, and advocacy)
- Ask for and receive support to complete this document. If you are providing support to complete this expression on someone's behalf, please ensure you have their consent to share
- Understand that you can retract, update, or alter this Expression of Interest at any time, though this may alter the time required to process the application
- Know that we will process your expression as quickly as possible, though it is difficult to give any certainties until we have had the time to make adequate assessment of your request
- Ask us any questions along the way – don't hesitate to contact our administrator on 0487 691 028 or at admin@thrivecs.com.au

What happens next?

- One of our team will be in touch to confirm your Expression of Interest has been received and advise of the details for the next step
- Our service will process your expression and assess its capacity to provide the supports you have requested, letting you know the outcome in writing
- We may ask you to provide additional information or take further action to support your Expression of Interest

If we confirm that we can likely meet your support request, we will seek to make further arrangements with you and your support network. These often include:

- Meeting in person and discussing more details of your request
- Gaining your consent to speak further with people involved in your care
- Inviting you to come and view a home or location
- Introducing you to more of our team and any other people who you might be around if you start receiving supports from us
- Working with you to develop a transition plan or possible timelines to start receiving support

When can I come and stay or move in?

There things we will need to work together to get done before you can come and stay or move in. We need to:

- Complete the Expression of Interest, with any available documents attached
- Make sure everyone approves, and gives consent (including Guardians)
- Talk about the Service Agreement making sure we all agree and know the details
- Receive formal approval (in writing) from the National Disability Insurance Agency (NDIA) as well as any other funding bodies involved in your care (such as Department of Community Services)
- Sign and complete the Service Agreement, arranging the date for your first stay in the processes

We strongly value your feedback and opinions, please do not hesitate to get in touch with the details above or via our website. If you would like us to arrange support (including translation services) to complete this expression, please let us know.



Participant Information

Client Name					Prefers	
NDIS Participant Number					Expiry	
Client DOB		Phone		Email		
Street Address						
Suburb				State		Postcode
Support Level	Low		Standard		High	
Support Type Requested						
Duration	Short		Medium		Long	
Specific Considerations	Asthma		Epilepsy		Med. Alert	
	ATSI		CALD		Other	
Comments						
Client Goals						
Likes & Hobbies						
Disabilities and/or Diagnosis						
Current Behaviours of Concern						



Support Information

Current Client Support Needs				
Clients Support Needs history				
Existing, Available, or Potential Informal Supports				
Formal Supports in Place				
Client Decision Maker(s)	Guardian Name	Phone No.	Email	Function
Has it been identified that the client requires Specialist Disability Housing (SDA), if so, please ensure you have attached the relevant reports			Yes	No
Has the client engaged in any physical violence towards others or property in the last 12 months?			Yes	No
Are there any regulated restrictive practices in place of the client? Or are there any restrictions likely to need to be implemented?			Yes	No

Care Environment



Accommodation Requested	
Home Requirements	
Ability to Reside with Others	
Specific Needs & Comments	

Supporting Documentation

Copies of Documents Attached	YES	NO	Comment
Occupational Therapy Report Behaviour Support Plans Psychiatrist Assessment Speech Pathology Reports NDIS Participant Plan Any other relevant clinical assessments or reports Incident Reports, registers, and/or summaries Budgets, routines, schedules, and client calendars Risk Assessment and/or Management plans Statements or consent to consult with previous providers Emergency Services reports (including police) Community Treatment Orders (CTO)/ Bail conditions / Court Orders			
Other (please specify)			



Details of Person Completing this Form

Full Name		N/A	
Contact Number		Email	
Contact Address		Suburb	
		State	Postcode
Alternate Contact		Phone	

Signature and Approval

Full Name (Referee)		Date	
Signature			

Client Name (Applicant)		Date	
Signature			

Thrive Internal Approval	<i>Service has capacity to approve Expression</i>	Yes		No	
Manager Name		Date			
Signature					

Additional Comments