

SIL REFERRAL FORM

RESIDENTIAL ACCOMMODATION SERVICES

What is SIL:

Supported Independent Living (SIL) is a model of Supported Accommodation funded by the National Disability Insurance Scheme (NDIS).

SIL is generally for people living in shared supported arrangements. Participants living on their own, requiring 24/7 care, may also be eligible for SIL when it is required as a result of high support needs.

Residents will receive support with everyday tasks like cleaning, cooking and personal care. Other areas of supports may be with:

- maintaining a household.
- building skills for shopping and cooking for healthy eating.
- accessing local community groups & activities.
- developing and maintaining connections with family and friends.
- specialised behaviour support.

Richmond Wellbeing uses a mix of highly trained and experienced staff who can provide a safe and supportive environment in our group homes.

Who is SIL for?

Our SIL services are suitable for people between the ages of 18 and 65 who live with a psychosocial-disability. Our residents are encouraged and supported to live as independently as possible. Each resident will have an individually tailored program of supports, depending on their needs and how they want to live their life. There are three levels of support provided under SIL:

- Lower needs - This support provides supervision of living arrangements as a whole including occasional to intermittent prompting to undertake household tasks and/or self-care activities. This supervision is not usually provided 24/7.
- Standard needs – This support provides 24/7 support including active assistance or supervision of most daily tasks and regular inactive overnight supports (sleepover shift)
- Higher needs – This support provides intensive 24/7 support including continual, active assistance with all daily tasks, specialised behaviours support and active overnight support.

How do you access the service?

Supported Independent Living (SIL) is available for people who require access to 24/7 support and is funded through NDIS Core supports.

To be eligible, you need to fit the following criteria:

- You have an NDIS Plan with approval for Supported Independent Living OR you have funding for Investigating Housing Solutions and expect that your Plan will include Supported Independent Living funding
- You require access to 24/7 support
- You are over the age of 18

Supporting documents checklist

Primary Diagnosis of Mental Health disorder	Details of Forensic History (if relevant)
Current Client Management Plan	Any current Community Treatment Order (CTO)
Brief Risk Assessment completed by a clinician	Medication regime
Current Mental Health Treatment/Care Plan	NDIS plan (if applicable)
Recent Discharge Summaries	Physical Health Assessment completed by a GP or attending Doctor
Occupational Therapy (OT) Assessment (if applicable)	

A referral will be deemed incomplete until we have received all of this information.

REFERRER DETAILS

Name	Agency/Position	
Postal Address	Postcode	
Phone	Email	
How did you hear about us?		
Website	Friend/Family/Another Client	Flyer
Social Media	Radio	Advertising
Event	Google	
Other		

Applicant to Complete

First Name	Family Name	
Preferred Name	Date of Birth	
Address	Postcode	
Phone	Mobile	Email
Gender:	Female	Transgender Male (FTM)
	Transgender Female (MTF)	Non Binary
	Male	Self describe
	Prefer not to disclose	
	Different Identity (please describe)	
Sexuality:	Straight/Heterosexual	Prefer not to disclose
	Lesbian/Gay/Homosexual	
	Bisexual	
	Unsure	
	Self describe	
Intersex Status:	Yes	Unsure
	No	Prefer not to disclose

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APPLICANT TO COMPLETE

Pronouns:	They/Them/Theirs	My Name/None				
	She/Her/Hers	Other				
	He/ Him/His					
Relationship Status:	Single	Divorced				
	Married	Widowed				
	Separated	Defacto				
	Self describe					
Aboriginal	Yes	No	Torres Straight origin	Yes	No	Ethnicity
Country of Birth			Culturally & Linguistically Diverse	Yes	No	
Main Language spoken	English	Other	Other			
Interpreter required	Yes	No	Children	Yes	No	Visa Status
Occupation						
Source of income:	Age Pension					Unemployment (Newstart)
	Carer Allowance					Youth Allowance
	Disability Pension					Paid Work
	Department of Veteran's Affairs					Other
Living:	Living Independently					
	Living with family member/carers					
	Other					
Hold a DVA Card?	Yes	No	If yes, what type?	Gold	White	Other
Centrelink number			Expiry			
Medicare number			Expiry			
Private health cover:	Yes	No	Provider			Member ID
Ambulance Cover:	Yes	No				
Are you currently receiving services from another program within Richmond Wellbeing?				Yes	No	

CONTACTS

Nominated support person (Next of kin / Alternative contact)

Name Phone Mobile
Email Relationship

Do you have a case manager?

Yes No

Name Organisation
Phone Mobile Email

Do you have a guardian appointed?

Yes No

Name Phone Mobile
Email

Do you have a public trustee?

Yes No

Name Phone Mobile
Email

Do you have a GP?

Yes No

Name Phone Mobile
Email

Which of the above is your preferred contact?

Support Person Case Manager Guardian Appointed Public trustee GP

Preferred method of contact

Text Phone call Email Mail

HEALTH AND WELLBEING

Please attach a Physical Health Assessment form

Existing NDIS Plan? Yes No NDIS Plan Number (Please attach)

Formal mental health diagnosis? Yes No
 If yes, please provide details

Drug and Alcohol Use

Provide details where appropriate.

Drug type	History of use	Current use
Alcohol		
T.H.C. (Cannabis)		
Benzodiazapines		
Opioids		
Stimulants Amphetamines Dexamphetamines A		
Other Hallucinogens MDMA - Ecstasy Prescription Drugs Solvents		
Cigarettes		

Any associated risk behaviours or problems:

(Injecting, overdoses, Hepatitis status)

While I am a resident, if I am considered to be using drugs and alcohol which is impacting on my recovery, I agree to work with an appropriate Drug and Alcohol Service.*

Agree

MENTAL AND PHYSICAL HEALTH

Medical Conditions

Do you have any physical/health issues or disabilities (tick all that apply and provide details below):

Diabetes	Yes	No	Podiatry	Yes	No
Bruise or bleed easily	Yes	No	Dental	Yes	No
Heart complaints	Yes	No	Ulcerations	Yes	No
Liver disease	Yes	No	Asthma	Yes	No
Epilepsy	Yes	No	Allergies	Yes	No
HIV/AIDS	Yes	No	Allergic to medication	Yes	No
Blood pressure	Yes	No	Acquired head injury	Yes	No
Speech	Yes	No	Thyroid problems	Yes	No
Visual	Yes	No	Eating disorders	Yes	No
Hearing	Yes	No	Substance abuse	Yes	No
Mobility impairments	Yes	No	Women’s health screens	Yes	No
Respiratory disease	Yes	No	Men’s health screens	Yes	No
Intersex variation	Yes	No	Transgender health screens	Yes	No
Other <i>(please state)</i>	Yes	No			

If yes, please provide details. Include the impact on your life and relating support needs.

Do you have any mobility aids? Yes No

If yes, please provide details.

MENTAL AND PHYSICAL HEALTH

Medication

How do you feel about taking medication?

Do you take regular medication? *(Please attach your medication regime)*

Yes No

Do you require support taking your medication?

Yes No

Do you use a Webster Pack?

Yes No

Any hospital admissions in the last 12 months?

Provide full details of any admissions (including date and reason):

HISTORY AND SUPPORT

Forensic History

Do you have any past or current legal issues?*

Yes No

If yes, please provide details:

Support Needs

Are there any particular tasks you find challenging?

What support do you need? *(Tick all that apply)*

- | | | |
|--|--|---------------------------------|
| Getting in/out of bed | Bathing | Dressing/undressing |
| With continence | Toileting | Washing |
| Cooking | Medication | Eating |
| Accessing counselling/talking to someone | Laundry | Shopping |
| Gardening | Cleaning | Keeping safe |
| Communicating | With documentation | Transport |
| Budgeting | Accessing medical/health appointments | Emotional support |
| Engaging with social groups | Advocacy <i>(someone to talk on your behalf)</i> | Information of services/support |
| Social/family contact | Psycho-education <i>(e.g. stress management)</i> | Computer/IT skills |
| Family relationships | Others <i>(please specify)</i> | |

Please specify:

Additional comments:

CONSENT

Terms and Conditions

I acknowledge the information provided is true and correct. I agree that Richmond Wellbeing may contact my health service providers to gather additional information to assist with my referral if needed. I consent to this referral being submitted for consideration of Richmond Wellbeing's Residential Accommodation services.*

Signature*

Date*

If Guardian, provide a copy of your Guardian Order issued by the State Administrative Tribunal.

Guardian signature

Date

If you have a guardian, please email your completed form to them to digitally sign and email it back to you. Once you receive the signed copy back, please email the form to your healthcare professional to finalise and submit.

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