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472 Regency Road

Prospect SA 5082

Heritage Court Application Form

Northern
Suburbs
Housing
Community
inc.

Secure affordable housing for seniors

Heritage Court Application Form

This form should take approximately 15-20 minutes to complete. It will get you thinking about what your needs are, and whether Heritage Court can meet your needs.

The information you provide will determine if we can provide our services to you. Heritage Court does not provide what is referred to within Aged Care as "supported accommodation". Residents at Heritage Court are expected to be able to care for themselves, with any assistance that may be provided by a support agency.

NSHC does not provide any personal support services.

An initial Bond of two weeks House Fee along with your first fortnight's House Fee is payable to reside at Heritage Court. There is NO entry fee payable to reside at Heritage Court.

Eligibility Criteria

You must meet Northern Suburbs Housing Community's eligibility criteria. Our requirements are that you:

Requirements	Criteria
Be at least aged or over	55 years of age
Be able to live semi-independently	✓
Not suffer from any severe medical conditions	✓
Not have serious behavioural, drug or alcohol issues	✓
Not have children who would be living with them	✓
Not have any pets	✓
Have a bed, a mattress and bed linen	✓
Be able to meet tenancy obligations (i.e., pay the House Fee)	✓

Once your application has been assessed and accepted, you will be placed on to the waiting list for accommodation. You will be offered a room when a vacancy becomes available.

Please ensure that you have attached Proof of Income and have completed the Care Assessment.

All sections of the Application Form, including the Care Assessment MUST be completed and returned

When complete send your completed application to:

Northern Suburbs Housing Community Inc.
472 Regency Road
PROSPECT SA 5082

or Fax to: 08 8269 4027

or Scan and Email to: tenancy@nshc.com.au

Office use only:

Room offered – Date: _____

Offer accepted – Date: _____

Room Number allocated: _____

Unable to Contact – Date: _____

Personal Details**Date application submitted:**

Given Name:

Surname:

Known As:

Date of Birth:

Gender: Male Female

Phone / Mobile:

Email:

CRN:

Income Type:

Contact Address:

 I currently reside at this address I **do not** reside at this address but am contactable at this address

Person/s to be contacted in case of emergency

Name:

Phone No:

Relationship:

Phone No:

Nationality

Country of birth:

Interpreter required? Yes No

If an interpreter is required, what language?

Are you an Aboriginal or Torres Strait Islander? Yes No

Health

Do you have any issues with your physical health? Yes No

If yes, please describe

Are you on medication? Yes No

If yes, please describe

Do you have a disability which requires a room with modifications or disabled access to the building? If yes, please describe.

GP Name:

Clinic:

Phone:

I authorise Northern Suburbs Housing Community (NSHC) to contact my doctor to discuss and provide a medical report to assess my suitability to reside at Heritage Court.

Signed (Applicant):

Date:

Mental Health

Do you currently have, or have had in the past, any mental health issues?

Do you have a mental health worker? If yes, who? Yes No

Name:

Organisation:

Phone:

Alcohol and Drug Use

Please describe any alcohol and/or drug issues you may have:

Please provide the names and addresses of any people in the community who have provided you with support.

Name:

Organisation:

Phone:

Will this support continue: Yes No

Type of support:

Name:

Organisation:

Phone:

Will this support continue: Yes No

Type of support:

Name:

Organisation:

Phone:

Will this support continue: Yes No

Type of support:

Places stayed in the last 12 months. Please tick

Friends or family

Private rental

Caravan

Hospital

Public/Community Housing

Boarding House

Sleeping rough

Car/Tent/Squat

Emergency Accommodation

Other, please advise

How many times have you moved in the last 12 months?

Care Assessment

About You

You must answer all questions. Please place an 'X' in the box which is most applicable to you.

	I'm OK at the moment	I could do with a little help	I have some help, but need more	I have enough help	I don't need any help
Getting washed and dressed					
Maintaining social activity and interaction					
Maintaining relationships that are meaningful to me					
Keeping myself safe from other people who may wish me harm or take advantage of me					

About Your Health

You must answer all questions. Please place an 'X' in the box which is most applicable to you.

	I'm OK at the moment	I could do with a little help	I have some help, but need more	I have enough help	I don't need any help
Managing the effects/symptoms of my health conditions					
Getting and understanding information, my ability to communicate					
My mobility, getting around my home					
Any issues with memory that affects my everyday life					
Any issue with eyesight or hearing that affect my everyday life					
Any issues with drugs, alcohol or medication use that affects my everyday life					
Any issues with incontinence that affect my everyday life					
Any issues with moods or anxiety that affect my everyday life					
Any issue with behaviour that affects my everyday life					

About Your Housekeeping

You must answer all questions. Please place an 'X' in the box which is most applicable to you.

	I'm OK at the moment	I could do with a little help	I have some help, but need more	I have enough help	I don't need any help
Looking after and cleaning inside my home					
Doing my light washing (clothes, undergarments, etc.)					
Doing my heavy washing (bed sheets, etc.)					
Managing my money, paying my bills, doing my banking					

Other Details

You do not have to provide the following information with your application.

However it will save time if you do if and when you are offered accommodation at Heritage Court.

Medicare Number: _____

My Aged Care Reference Number: _____

Ambulance Fund Number: _____

To obtain services to assist with maintaining your accommodation at Heritage Court you must be registered with My Aged Care. There may be a delay between applying and receiving your My Aged Care reference number and also between receiving your My Aged Care reference number and the commencement of services. It is your responsibility to maintain your accommodation and you are encouraged to access services to obtain financial assistance to maintain your accommodation.

Heritage Court Application Form and Care Assessment completed by:

- The applicant
- A Referring Agency – having worked with this client for _____ years/months.

Signed (Applicant): _____

Date: _____

Agency Referrals Only

Signed (Agent): _____

Date: _____

Agent's Name: _____

Agency's Name: _____

Phone: _____