

This form helps housing providers – including the SA Housing Trust and community housing providers – to understand the nature and extent of a person’s disability-related needs, and how their disability affects their ability to access their property and use supplied fixtures.

It is used to identify what modifications you need to your current home, or the accessibility features you require in a future home.

Instructions

- Please read each section and provide as much detail as possible.
- If you need help completing this form, visit your local SA Housing Trust office.
- You may attach additional documents if needed – for example, medical reports, verification forms.

What modifications will the housing providers fund?

A housing provider will undertake modifications to a property where they are necessary to allow an approved social housing occupant living with disability to access their property and use supplied fixtures. The housing provider will approve a modification if all the following are met:

- The modification is reasonable and necessary for the person to access the home and use fixtures supplied by the housing provider.
- The modification is appropriate to the nature of the property – for example, the property’s structure can support the change, neighbours are not adversely affected.
- The modification will not cause unjustifiable hardship to the housing provider – for example, modifications that are reasonable and within the housing provider’s responsibilities, and can be safely installed.

Customers should be able to access the following areas:

- | | |
|-----------------|--|
| → a living area | → laundry and clothesline |
| → a bedroom | → front and rear entrances |
| → bathroom | → any other areas that there’s a verified need to access or use. |
| → kitchen | |

If you are unsure whether a modification is possible, please fill out this form. We will consider your needs and the property’s suitability and respond.

What modifications will not be approved?

Housing providers will not approve a modification if it causes an unjustifiable hardship, including:

- Modifications that are not required for the customer to access the home and use fixtures supplied by the housing provider, for example, heating and cooling items, security screens or blinds.
- Modifications that would create a risk to the property's structural integrity.
- Modifications where there is insufficient space to safely install and maintain them.
- Modifications that would affect the reasonable peace, privacy, or comfort of neighbours, or present a risk to the occupants' health and safety.
- Modifications to meet non-occupant's needs – for example, support workers.
- Modifications to properties where it would be more cost effective to relocate the customer, or where the SA Housing Trust or community housing provider doesn't intend to retain the property in the medium to long-term.
- Modifications that trigger a change of the building classification of the property or would make it unfeasible to re-let.
- Hardening and securing properties to assist in the management of behaviours of concern.
- Modifications for which another agency is responsible – for example, daily living assistance through the NDIS or Aged-Care responsibilities.

Section 1: Who can complete this form?

This form can be completed by:

- A SA Housing Trust or community housing tenant.
- A customer who has registered an interest in public, community, or Aboriginal housing.
- A guardian, support worker, or advocate authorised to act for a client.
- A health professional asked to complete this form for a client.

Section 2: Customer details

This information is used to identify who in your household requires the modifications, and who we should contact if we have further questions about their accessibility needs.

This is the person who either:

- is the SA Housing Trust or community housing tenant.
- registered an interest in public, community, or Aboriginal housing.

Full name:

Date of birth:

Address:

Phone:

Email:

Person reference number:

Do you authorise the housing provider to contact another person to discuss your accessibility requirements – for example, a family member or advocate:

Yes

No

Provide details:

Full name:

Phone:

Relationship to you:

Section 3: Who needs this modification?

Provide details of the person who needs the modifications if it isn't the customer.

Full name:

Date of birth:

Address:

Phone:

Email:

Person reference number:

Section 4: Customer needs

This information is used to determine the types of housing that are suitable for the person's needs, including what accessibility features a person requires to be able to access their property and use supplied fixtures.

4.1. What is the nature of your disability that impacts your ability to access or maintain suitable housing?

Select all that apply:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Intellectual/learning | <input type="checkbox"/> Sensory/speech | <input type="checkbox"/> Neurodiverse |
| <input type="checkbox"/> Psychosocial/mental health | <input type="checkbox"/> Physical health or disability | <input type="checkbox"/> Other |

4.2. What best describes the way your disability affects your ability to find suitable housing:

Select all that apply:

- | |
|---|
| <input type="checkbox"/> My disability has a temporary or short-term effect – for example, injury, surgery recovery period, condition that will improve with treatment. |
| <input type="checkbox"/> My disability has an ongoing moderate effect – for example, a condition that's managed with regular treatment and support and affects my ability to find suitable housing. |
| <input type="checkbox"/> My disability has an ongoing major effect – for example, this generally means you need constant support to manage day-to-day living. |
| <input type="checkbox"/> My disability will worsen and have an increasing effect – for example, a condition that will worsen over time, making it harder to find suitable housing. |

4.3 What best describes your level of mobility:

Select an answer for each statement:

- | | | |
|--|------------------------------|-----------------------------|
| Can manage multiple steps without a rail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can manage multiple steps with a rail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can manage a single step without a rail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can manage a single step with a rail | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can manage a small step in and out of the shower | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can manage a ramp | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4.4. Do you have an Occupational Therapist or medical specialist report detailing your housing accessibility requirements?:

- No Yes – please attach reports

4.5. Do you, or anyone in your household, require any of the following due to a disability, health condition, or ageing:

Group A modification items (verification not required)

Items:	Location/details:
<input type="checkbox"/> Lever taps	
<input type="checkbox"/> Lever door handles	
<input type="checkbox"/> Magnetic door catch	
<input type="checkbox"/> Sensor lights	

Group B modification items (verification of disability-related housing needs form required)

Items:	Location/details:
<input type="checkbox"/> Modified bathroom	
<input type="checkbox"/> Modified kitchen	
<input type="checkbox"/> Grab rails	
<input type="checkbox"/> Accessible clothesline	
<input type="checkbox"/> Separate shower/bath	
<input type="checkbox"/> Slip resistant floor coverings	
<input type="checkbox"/> Minimal yard	
<input type="checkbox"/> Level access/no stairs	
<input type="checkbox"/> Stepless shower	
<input type="checkbox"/> Widened external pathways	
<input type="checkbox"/> Other (provide details):	

Wheelchair access inside

Items:	Location/details:
<input type="checkbox"/> Powered wheelchair	
<input type="checkbox"/> Manual wheelchair with anti-tip bars	
<input type="checkbox"/> Manual wheelchair without anti-tip bars	

Wheelchair access outside

Items:	Location/details:
<input type="checkbox"/> Powered wheelchair	
<input type="checkbox"/> Manual wheelchair	

Section 5: Verification

If you only require **Group A modifications**, no verification is required.

If you require **Group B modifications**, this form must be accompanied by any relevant verification.

Verification can be either a completed Verification of disability-related housing needs form for medical professionals, or a report from an appropriately qualified, registered, and relevant health professional.

The form or report needs to clearly outline:

- your disability
- how it affects your ability to access your property and use supplied fixtures
- the nature of the features or modifications you require.

A health professional may include either a general practitioner, occupational therapist, or physiotherapist.

Section 6: National Disability Insurance Scheme funding

This information is used to identify the supports available to you, and any impact they may have on the type of housing you require.

6.1. Do you receive funding through the National Disability Insurance Scheme?

Yes No

6.2. Do you have Supported Independent Living (SIL) funding through the National Disability Insurance Scheme?

Yes No

If **yes** – please complete tick boxes below:

SIL Funding Category

- 24/7
-
- 8-23 hours per day
-
- Up to 8 hours per day
-

Support ratio

- 1:1
-
- 1:2
-
- 1:3
-
- 1:4 +
-

6.3. Do you have Specialist Disability Accommodation (SDA) funding through the National Disability Insurance Scheme?

Yes No

If **yes** – please complete tick boxes below:

SDA Funding Category

- Robust
- Improved Liveability
- Fully Accessible
- High Physical Support
- Basic

Support ratio

- 1:1
- 1:2
- 1:3
- 1:4 +

Section 7: Support agencies

This information is used to identify the supports available to you, and any impact they may have on the type of housing you require.

You do not need to complete this section if you have already provided details of the agencies, you receive support from in either:

- a Registration of interest in housing form
- a Housing Needs Assessment (HNA) with a housing provider or support worker.

List any agencies you receive support from – for example, support coordinators or support workers, a Commonwealth funded aged care service provider:

Agency: _____

Support worker: _____

Phone: _____ Email: _____

What support or funding do they provide: _____

Agency: _____

Support worker: _____

Phone: _____ Email: _____

What support or funding do they provide: _____

Section 8: Customer declaration

This section is signed by the person who either:

- is the SA Housing Trust or community housing tenant.
- has registered their interest in public, community, or Aboriginal housing.

I consent to personal information provided within being shared with the disability and health professionals listed on this form, and the housing providers listed on the Registration of Interest form, for the purpose of assessing my household's disability-related needs and determining what service response is needed.

This includes any further information submitted by me or a third party in support of this form – for example, an occupational therapist's assessment.

I confirm that all people named on this form are aware that their personal information is being disclosed and consent accordingly.

Full name:

Signature:

Date:

Complete Verification of disability-related housing needs form [Click here](#) 

Next steps

Send this form to: **housingcustomers@sa.gov.au** or return it to a SA Housing Trust Regional Office.

The SA Housing Trust or community housing provider:

- May contact you by phone to clarify information you provide in this form.
- Will write to you to notify you of the outcome of its assessment.
- If you're a public or community housing tenant and modifications are approved, we will contact you to inform you of next steps for the installation of the modifications.
- If you're a public or community housing tenant and modifications are not approved, we will contact you to inform you of alternative options available to you.
- If you're a person who has registered an interest in public, community, or Aboriginal housing, we will contact you once a suitable property becomes available.

Office use only: Accessibility requirements matrix [Click here](#) 

Verification of disability-related housing needs form



Government
of South Australia

SA Housing Trust

This form is used by housing providers – including the SA Housing Trust and community housing providers – to verify:

- the nature and extent of a person's disability-related needs
- how they affect the person's ability to access their property and use supplied fixtures, including modifications they require to their current housing or future housing.

This form is to be completed by a health professional – for example, a general practitioner or medical specialist – on behalf of a public or community housing tenant, or a customer who has registered an interest in public, community, or Aboriginal housing.

Health professional details

Full name:

Practice name:

Address:

Phone:

Patient/customer details

Full name:

Date of birth:

Address:

Verification of disability-related housing needs form

Clinical information

Patient's diagnosis – please specify the condition(s):

Is the patient's condition(s): Chronic Episodic Acute

Expected duration of condition(s) or symptoms:

Impact on the patient's daily functioning? For example, mobility, cognition or communication:

Is the patient currently receiving treatment or management for this condition(s)? Yes No

If yes, please specify:

Health professional declaration

I confirm that the above information is accurate and based on my clinical assessment of the customer/patient.

Full name:

Signature:

Date: