



SOLAS APPLICATION FORM

If you wish to have support with the completion of the application you may seek assistance from an Advocate. It is your right to appoint an Advocate to act on your behalf.

EXPRESSION OF INTEREST APPLICATION FORM

(to be completed by applicant for service)

PART.1 APPLICANT'S PERSONAL DETAILS

NAME:- _____

ADDRESS:- _____

PHONE NUMBER:- _____ SEX:- M F

DATE OF BIRTH:- _____

1. What is your cultural origin? Aboriginal Torres Strait Islander Both
Other: _____

2. What is your Country of Birth? _____

3. Do you require interpreter services? Yes No

Please specify type _____

4. Do you wish to appoint an Advocate to act on your behalf? Yes No

5. If your disability has resulted from an injury, are you claiming or have claimed compensation?
Yes No

6. Where do you live now? (Please tick one)

By yourself At home with family

Sharing with friends In a hostel/boarding house

Other (please specify) _____

7. Do you have someone who provides care or assistance (i.e. a Carer) Yes No

If yes, *Does your Carer assist you with self-care, mobility or communication? Yes No

*Does your Carer live in the same household as you? Yes No

*What relationship is your Carer to you: _____

*What is the age group of your Carer: _____

8. Are there any further comments you wish to make?

PART 3. FEEDBACK & COMPLAINTS

SOLAS welcomes information and feedback from all service users/consumers to enable the organisation to improve the quality of service delivery.

All consumers have the right to complain, and to understand the complaints procedure and the use and availability of Advocates. The consumer has the right to use an Advocate of their choice to negotiate on their behalf with the staff and/or management of SOLAS. This may be a family member or friend, or an agency such as Independent Advocacy Townsville Inc (IAT) or the Queensland Aged and Disability Advocacy Inc. (QADA).

Consumers have the right to complain about the service they are receiving without fear of retribution and can expect complaints to be dealt with fairly and promptly.

The Chief Executive Officer or Service Manager will take steps to ensure that consumers feel comfortable to continue accessing the service after making a complaint.

Information on the complaints procedure of SOLAS is included in the Consumer's Handbook and presented to and explained to consumers at the time of commencement of services and reviewed on a three- (3) monthly basis.

Signature of Applicant:- _____ Date: _____

SOLAS QUESTIONNAIRE - to be completed by referring agency / medical practitioner

PART.1. APPLICANT'S PERSONAL DETAILS

1. Name:- _____

Address: _____

Sex: M F Date of Birth: _____ Age: _____

2. Medical Practitioner: _____

3. Has the applicant been assessed for support with **Department of Communities -Disability and Community Care Services**. (DS)? Yes No

4. Does the consumer have a current **Housing Queensland** (HQ) application? Yes No

If so, what is the HQ application registration number: _____

PART.2. MENTAL HEALTH DETAILS

1. Diagnosis or Condition:- _____

2. How does this diagnosis or condition affect the consumer's lifestyle?

3. DISABILITY TYPE: _____

OTHER SIGNIFICANT DISABILITY: _____

Is the consumer subject to regulation under the Mental Health Act? Yes No

Are there legal restrictions associated with this regulation?

4. Psychiatrist: _____

Address: _____ Phone: _____

Psychologist: _____

Address: _____ Phone: _____

Case Manager: _____

Address: _____ Phone: _____

5. When do you consider it important for SOLAS' involvement – (night, morning, weekend etc)?

PART 3. LIFESTYLE DETAILS

1. How often does the consumer need personal help or supervision with activities or participation in the following areas:

ACTIVITIES	UNABLE TO DO	SOMETIMES NEEDS HELP	DOES NOT NEED HELP BUT USES AIDS/EQUIP	DOES NOT NEED HELP AND DOES NOT USE AIDS ETC.
1. Self-care - Bathing - Personal Hygiene - Dressing				
2. Mobility - Using Public Transport				
3. Communication				
4. Interpersonal and relationships				
5. Learning				
6. Education				
7. Community and economic life - Recreation and leisure - Budgeting				
8. Domestic life - Cooking - Cleaning - Shopping				
9. Working - Volunteer - Employment				

2. Are you aware of any difficult / challenging behaviour? If so, please provide details below:

3. Are there areas of concern that SOLAS should be aware of such as **Risk** to self/others? Yes No

(The Mental Health Services Risk Management Plan will be requested before commencement of service)

If yes, please indicate Risk behaviours below:

4. Please provide any risk management strategies that will help support the consumer and staff member.

5. What role do you expect SOLAS to take?

6. What type of SOLAS service would best suit the applicant's needs?

- Block Funded Services
- Adult Lifestyle Support Packages
- Project 300
- Contract Work
- Short Term Community Support Service
- Recovery Support Service
- Day Service
- Post School Services
- Family Support Program
- SOLAS Personal Helpers and Mentors Program
- SOLAS Community Inclusion Program
- Other: _____

Do you require further information on available services? Yes No

7. Are you willing to engage in case planning and management with SOLAS? Please comment:

Signature: _____

Date: _____

CONFIDENTIAL

CONSENT FORM FOR RELEASE OF CONFIDENTIAL INFORMATION

I,.....D.O.B.....

Hereby give permission for

of SUPPORTED OPTIONS IN LIFESTYLE AND ACCESS SERVICES (SOLAS) to request information from:

- Queensland Mental Health
- Integrated Mental Health
- Kirwan Rehabilitation Unit
- Private Medical Practitioners
- Disability Service Queensland
- Queensland Health
- Housing Queensland
- Others

in relation to my psychiatric history and my present need for support services.

Signature

Date

Witness

Date