

|  |
| --- |
| Victorians Ineligible for NDIS Register |
| Department of Families, Fairness and HousingRegistration and Request Form – Temporary Residents |
|  |

VIN Register of Need forms are to be submitted via email to: VINCOS.enquiries@dffh.vic.gov.au

The VIN Program provides individualised funding to support people with disability who are ineligible for the NDIS due to not meeting the Australian residency requirements under the NDIS Act.

All the below criteria must be satisfied to access the VIN Program:

* Be determined to be within the target group to access disability support as defined in the *Disability Act 2006*
* Be ineligible for the NDIS by virtue of not having met the Australian residency requirements in section 23 of the NDIS Act
* Be a long-term resident of Victoria
* Demonstrate the support need is related to their disability
* Demonstrate that this need is not more appropriately met by another service system and cannot be met by other means or must not replace or duplicate any service or support available through other service or funding streams; including local, state and commonwealth funded programs, HACC-PYP, Aged Care (including Residential Aged Care), Victorian Aids and Equipment Program, Refugee and Asylum Seeker support programs.
* All community and mainstream support options are required to be explored and exhausted prior to a referral submission.

The VIN Program enables the purchase of supports that will best meet the person’s identified disability support needs. Funding is attached to the person to allow for choice and flexibility in the support and services they access. The amount of funding and how it is used varies for each person based on their circumstances, disability support needs and the support available to them from family, friends or community services.

All applications will be placed on the VIN Program Register and assessed according to the Priority and Risk indicators.

|  |  |
| --- | --- |
| **Name of Individual:** |   |
| **Date of Birth:**  | Click or tap to enter a date. |
| **Ethnicity:** | Choose an item. |
| **Language:** |  |
| **Country of Origin:** |  |
| **Religion:** |  |
| **Primary disability:**  | Choose an item. |
| **Guardianship /****Administration Orders:** |  Yes [ ] Details: |  No [ ]  |
| **Residential Address:** |  |
| **Suburb:** |  |
| **Local Government Area (LGA):** |  |

|  |  |
| --- | --- |
| **Primary contact:** |  |
| **Relationship to individual:** |  |
| **Phone:** |  |
| **Address:** (if different to above) |  |

|  |  |
| --- | --- |
| **Referrer:** | <Name and Organisation> |
| **Request prepared by:** | <Name, role and organisation> |
| **Date of request:** |  Click or tap to enter a date. |

|  |
| --- |
| **Program Eligibility requirement** |
| **Visa status:** | Safe Haven Enterprise visa |
| **Visa type and number:** |  |
| **Date of Arrival to Australia:** |  |
| **Mode of Arrival to Australia:** |  |
| **Centrelink CRN/Benefit type:** |  |
| **Immigration visa attempts:** |  |
| ***Attach documentation:*** |  |
| **Consent for Visa Entitlement Verification Online (VEVO) Check:** |  |

|  |
| --- |
| **Disability Eligibility Criteria** *(select applicable criteria)* |
|  A sensory, physical or neurological impairment or acquired brain injury | [ ]   |
|  (i) is, or is likely to be, permanent | [ ]   |
| (ii) causes a substantially reduced capacity in at least one of the areas of self-care, self‑management, mobility or communication |[ ]
| (iii) requires significant ongoing or long term episodic support |[ ]
|  (iv) is not related to ageing |[ ]
|  An intellectual disability |[ ]
|  A developmental delay |[ ]

|  |
| --- |
| **Request Eligibility***(select all appropriate criteria)* |
| This individual is part of a cohort that cannot access the NDIS:  | [ ]   |
| does not meet the NDIS access requirements as per the *NDIS Act (2013)*   |[ ]
| support is specific and time-limited (i.e. behaviour support intervention) |[ ]
| support is required to meet disability needs post school (non-resident school leaver) |[ ]
| support is required to meet an ongoing disability need |[ ]
| support required should not replace informal support arrangements that is reasonable ordinarily provided by friends, family or the community. |[ ]
| support required should not replace what an ordinary person would be expected to pay for at their own expense |[ ]

|  |
| --- |
| **Priority Indicators***(select all appropriate criteria)* |
| Indicators that may apply: | [ ]   |
| Acts of harm towards person themselves (safety and wellbeing of the person with disability) |[ ]
| Acts of harm towards others (safety and wellbeing of the person’s family or carer or the wider community) |[ ]
| Person with complex behavioural or support issues |[ ]

|  |
| --- |
| **Risk Indicators***(select all appropriate criteria)* |
| Indicators that may apply: | [ ]   |
| The person’s current living situation is inappropriate. |[ ]
| The person’s informal support arrangements are vulnerable and cannot be sustained with planning and support. |[ ]
| The person’s current living arrangement is at risk of breaking down or has broken down. |[ ]
| The person is subject to, or highly vulnerable to, abuse. |[ ]
| The person is, or is at risk of, homelessness and isolation. |[ ]

|  |  |
| --- | --- |
| **Date NDIS access denied:** |  Click or tap to enter a date. |
| **Reason:** |  Choose an item. |

|  |
| --- |
| **Support Request** *(select all appropriate criteria)* |
| Supports have been explored and no alternative has been identified due to specific disability need  | [ ]  |
| Supports are not the responsibility of the mainstream service system | [ ]   |
| Interim support options have been exhausted and requires long-term disability support management |[ ]

|  |
| --- |
| **Current Community and Mainstream supports** *(select all applicable options)* |
| Department of Families, Fairness and Housing *i.e Operations Division* |[ ]
| Department of Education and Training  |[ ]
| Department of Justice and Community Safety |[ ]
| Hospital / Hospice care / YPIRAC |[ ]
| Aged Care |[ ]
| Homelessness supports |[ ]
| Multicultural Victoria *i.e Refugee Minor Program* |[ ]
| Refugee/Asylum Seeker supports: *i.e Asylum Seeker Resource Centre / Centre for Culture, Ethnicity and Health* |[ ]
| Legal support – visa progression |[ ]
| Other organisation/s involved: *<List below>* |[ ]
|  |  |

|  |
| --- |
| **Diagnoses** (*Medical diagnostic information from a medical professional / treating specialist.**Attach all relevant reports separately for supporting evidence of disability*) |
| *Provide a summary* |
| <Type here> |

|  |
| --- |
| **Summary** |
| *Provide a summary of the client’s circumstances, current supports and gap identified* |
| <Type here> |

|  |
| --- |
| **Background and Family Circumstances** |
| *For asylum seekers and refugees provide a summary of the circumstances; including history of arrival to Australia, current supports and gap identified.*  |
| <Type here> |

|  |
| --- |
| **Request Details** |
| *Provide a summary of the disability-specific support requirements and detail barriers to accessing support within the community sector; include all alternative options explored/exhausted and complete the table below* |
| <Type here> |

|  |
| --- |
| **Proposed Support Items** *(as per the NDIS guide and pricing arrangements - Attach all relevant reports/evidence outlining the disability support needs)* |
| **Support Item** | **Support activity / hours** | **Amount** | **Timeframe** |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |

*Office Use Only*

|  |  |
| --- | --- |
| **Program Officer:**  | Date received: Click or tap to enter a date. |
| **Pending Status:** | Accepted |[ ]  Declined |[ ]
| **Accepted Status:** | **Reason:**  | **Reason:**  |
|  | Justification:Recommendation: |
| **Date:** | Click or tap to enter a date. |