



Initial Expression of Interest for accommodation in HOPES Hopkins Street Community.

Prospective Resident's Name:

Address:

Contact person (if needed): Relationship:

Phone: Mobile:

Email:

1. Eligibility – Do you:

- Have an acquired brain injury
- Have a neurological condition (e.g. Cerebral Palsy, Multiple Sclerosis, other)
- Have another disability Describe:
- Receive a disability pension and have no other income
- or
- Receive a part pension and have other income
- Do not
- Currently own a home of your own
- Have challenging behaviours that would impact on close neighbours

2. Community living – Are you (with any necessary assistance) prepared to:

- Share responsibility for the upkeep of the cluster of units
- Agree to abide by rules set by the co-operative
- Participate in some shared activities
- Respect your neighbour's privacy

3. Support issues – Do you:

- Need support for personal care
- Have a current support package
- Have current family support, which could continue for a transition period

Would you:

- Need additional support to live in Hopkins Street
- Be prepared to share some support hours/dollars to assist with on site overnight support

Comments/other needs or queries:

Please fax this form to Sue Hodgson on 6224 9500 or email to hodgson@netspace.net.au and we will arrange a meeting with further details