

Wintringham Housing Limited
ABN 84 129 707 937
136 Mt Alexander Road
PO Box 193
Flemington Victoria 3031
T 03 9376 1122
F 03 9376 1838
www.wintringham.org.auadmin@wintringham.org.au

Dear Applicant

RE: Wintringham Housing Application

Thank you for your interest in Wintringham Housing. Wintringham is a Specialist Aged Care Service Provider and a Housing Association. For you to access Wintringham Housing, you will need to be approved for Priority Access with the Victorian Housing Register (VHR). Wintringham is a participating Registered Agency with the VHR. The VHR provides applicants with a single point of entry to social housing in Victoria.

There are three ways to apply for social housing:

1. Online application

You can apply for social housing online using the Victorian Housing Register application through myGov:

- Go to the <u>myGov website</u> and sign in to your myGov account. If you don't have one, you'll need to create a myGov account (it should only take a few minutes)
- Pick 'HousingVic online services' in myGov's 'Services' section this will link it to your myGov account
- Open HousingVic online services and select 'Victorian Housing Register application'
- You will also need to complete the 'Priority Access application form' (for urgent housing need but please be aware, some of these applications must be completed by a support worker)





Once you have filled out the online applications and attached any documents requested, a copy of the completed application will be sent to your email address.

2. Paper Application

If you do not want to or are unable to apply online, download and print the:

- Register of interest application (.docx) or the PDF version of the Register of interest application (.pdf), and the
- <u>Priority Access application (.docx)</u> or the PDF version of the <u>Priority Access</u> form (.pdf)

You can also get copies of these applications from a Department of Health and Human Services office (Office of Housing). Please call 1300 650 172 for the contact details of your local housing office.

If there are health related reasons why you need to live in a particular place or type of property, ask a health professional (eg. GP or Nurse) to complete the <u>special</u> accommodation requirements form (.pdf). An accessible version of the <u>special</u> accommodation requirements form (.docx) is also available.

Send the completed forms and the documents to:

Victorian Housing Register

Department of Health and Human Services – HCC

Reply Paid 933

Moe VIC 38253.

3. Through a support agency – applying for Priority Access

If you are homeless and receiving support, or you need housing urgently, you may be eligible for Priority Access. You will need a Support Worker to fill in a Priority Access application form for you.



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Wintringham

Please contact the Wintringham Advice and Information team on 9034 4824 if you would like to be referred to a support worker to assist you.

Additional Information

You can send us more information about you by answering the questions on the following pages and returning the completed document to us at the address provided at the end of the questionnaire.

If you are currently homeless and need assistance, please call Opening Doors on 1800 825 955. (Free call number, open 24 hours).

Yours sincerely,

Advice and Information Team

Wintringham

Phone: 9034 4824

Website: www.wintringham.org.au



HOUSING APPLICATION

Thank you for your interest in Wintringham Housing. Wintringham is a Specialist Aged Care Service Provider and a Housing Association. For you to access Wintringham Housing, you will need to be approved for Priority Access with the Victorian Housing Register (VHR).

If you have questions about this form, need help to complete it or would like more information about Wintringham, please contact us:

Phone: (03) 9034 4824 or email adviceandinfo@wintringham.org.au

If you are having difficulty reading English, you can get help over the phone by calling the Translating and Interpreting Service (TIS) on 131 450 which is a FREE service.

Do you have a current Application with the Victorian Housing Register?						
YES	NO	UNSURE	If yes, what is the VHR	number:		
Have y	ou been	approved for	Priority Access? YES	NO	UNSUF	RE
Do you	ı give Wi	ntringham co	nsent to access your App	plication?	YES	NO
Signate	ure:					
Date:						
If you	do have	Priority Acces	ss, please proceed to Ste	p 2.		

If you do not have a current Application with the VHR, please complete Step 1 & 2.



Step 1

To apply for housing with Wintringham, you will also need to submit a formal Application via the VHR including applying for Priority Access.

- If you're applying for yourself, a friend or family member <u>click here</u> and complete the form; or
- If you're a Support Worker applying on behalf of a client, click here

Step 2

In order to best meet your housing and support needs with Wintringham, in addition to your VHR Application, you can complete the questions below to assist us in assessing your housing and support needs. This section is optional.



c)	Linguistically diverse background: YES NO						
_	Language spoken at home: Would you like us to use an interpreter when speaking with you? YES NO If you only want an interpreter present during specific conversations, please list what those instances are:						
d)	Do you live in a rural or remote area? YES NO If yes, provide place name or postcode:						
e)	Are you a Veteran (includes spouse or widow of a veteran): YES NO						
f)	Are you currently homeless or at risk of becoming homeless? YES NO						
	If yes, how long have you been homeless for?						
g)	Are you a Care Leaver: (e.g. Forgotten Australia, Former Child Migrant, Stolen Generation) YES NO If yes, where and when were you in care?						
h)	Are you a Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex Elder: Please circle if you wish. YES NO DECLINE TO ANSWER If yes, is this an area you would like support in:						
i)	Are you a parent separated from your children by forced adoption or removal? YES NO If yes, is this an area you would like support in:						



3.

a.	In your own words, how can we best communicate with you?							
	For example:							
	Are there any topics you would prefer not to discuss?							
	Are there things that might upset you that we should know about?							
	And how will we know if you are upset?							
h	Do you have a disability or any issues with literacy, communication or							
υ.								
υ.	comprehension that we need to be aware of? For example: hearing,							
υ.	comprehension that we need to be aware of? For example: hearing, vision, speech, mobility, memory, reading and writing, intellectual							
δ.								
D.	vision, speech, mobility, memory, reading and writing, intellectual							
Б.	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE							
υ.	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE							
	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe:							
Se	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe: ervices you are approved to receive and what support do you need:							
Se	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe: ervices you are approved to receive and what support do you need: Do you have an aged care approval from My Aged Care? YES NO							
Se	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe: ervices you are approved to receive and what support do you need: Do you have an aged care approval from My Aged Care? YES NO UNSURE							
Se	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe: Prvices you are approved to receive and what support do you need: Do you have an aged care approval from My Aged Care? YES NO UNSURE If yes, specify and circle what has been approved:							
Se	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe: Prvices you are approved to receive and what support do you need: Do you have an aged care approval from My Aged Care? YES NO UNSURE If yes, specify and circle what has been approved: Home Care Package (HCP) Level 1, 2, 3, 4							
Se	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe: Prvices you are approved to receive and what support do you need: Do you have an aged care approval from My Aged Care? YES NO UNSURE If yes, specify and circle what has been approved: Home Care Package (HCP) Level 1, 2, 3, 4 Respite Care and/ or Residential Aged Care							
Se	vision, speech, mobility, memory, reading and writing, intellectual disability. YES NO UNSURE Please describe: Prvices you are approved to receive and what support do you need: Do you have an aged care approval from My Aged Care? YES NO UNSURE If yes, specify and circle what has been approved: Home Care Package (HCP) Level 1, 2, 3, 4							



b.	Do you have NDIS Approval? YES NO UNSURE					
c.	Has your Plan commenced? YES NO					
d.	If yes, who manages your Plan:					
	Provider Name: Phone:					
e.	Do you have a current worker /friend/family member/helper supporting you					
	to find housing and support services: YES NO If yes, who are they?					
	Name:Phone:					
	Relationship to you:					
	Service Name (if applicable):					
	Do you give consent for Wintringham to speak to them: YES NO					
4.	Please list your housing preferences:					

Please send your completed form back to:

Email to: adviceandinfo@wintringham.org.au; or

Post to: PO Box 193, Flemington Victoria 3031