

# Moving Home Grant 25/26

## Form Preview

### Application Instructions

#### Grant Round

Please complete parts 1 to 6 of the application. After you have completed **2.1** you can save your application and complete it at a later date. If your application is incomplete on the closing date it will not be eligible for consideration.

You will not be able to submit your application before you have finished all parts and attached your supporting documentation. Every question with a red star requires a response.

Please refer to the question tips and [information](#) guide for a first port of call of assistance with this application. Please call Youngcare on 1800 844 727 if your questions are unanswered.

### Part One - Eligibility

\* indicates a required field

**1.1 Does the applicant have a diagnosis of a permanent primary physical disability? \***

- Yes
- No

**1.2 Is the applicant moving from inappropriate housing to somewhere more suitable within 3 months? \***

- Yes
- No

**1.3 Is the funding you are applying for essential to assist the applicant to move? \***

- Yes
- No

**1.4 Is the applicant aged between 16 - 65 years? \***

- Yes
- No

If you have answered no to one or more of the questions above, you may not be eligible for funding. Please call 1800 844 727 for more information.

### Part Two - Details of Applicant, NGO and Next of Kin

\* indicates a required field

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### Who is making this application? \*

- I am an individual making this application on my own behalf
- I represent an organisation who is making this application on behalf of the applicant

Please select one.

## 2.1 Applicant Details

To be eligible for a Home Support Grant the Applicant must meet the following criteria:

1. Have a diagnosis of a permanent primary physical disability
2. Aged between 16 and 65 years of age, at the time of application
3. At risk of entering or remaining in inappropriate housing
4. Be moving to somewhere more appropriate for their needs within the next 3 months

### Ineligible applicants

1. Individuals under 16 years or over 65
2. Individuals requiring palliative care
3. Individuals living with a condition not recognised as a permanent disability

Grants awarded to individuals without the support of an organisation will be paid directly to a supplier or service provider.

The individual is responsible for obtaining a valid GST invoice addressed to Youngcare Ltd for the amount of the grant (plus GST) from the supplier or service provider whose quote was used as part of a successful funding application within 1 month of the date of the outcome letter.

Home modifications need to be organised and managed by the individual (or legal guardian). An agreement needs to be established regarding the maintenance and care of the modifications. This is the responsibility of the individual (or legal guardian), and faulty or poor workmanship will need to be addressed by the individual (or legal guardian).

Hours purchased for respite and support workers under this grant will be managed by the individual (or legal guardian).

### Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Current Address (prior to move) \*

Address

  

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Phone Number

### Mobile

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**Email \***

**Confirm Email**

**Gender \***

- Female  
 Male

**Date of Birth \***

Must be a date

**Age \***

Must be a whole number (no decimal place) and between 16 and 65.  
Must be a whole number and between 16 and 65

**Do you have a legal guardian? \***

- Yes  
 No

**Are you (the applicant) of Aboriginal or Torres Strait Islander origin? \***

- Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, both Aboriginal & Torres Strait Islander  
 No

**Is English the primary language spoken in your home? \***

- Yes  
 No

**Are you an Australian citizen, permanent resident, or Protected Special Category Visa holder? (This is for data collection purposes only and will not effect Grant eligibility).**

- Yes  
 No

## 2.3 Disability Type

\*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Huntington's         | <input type="checkbox"/> Stroke                  |
| <input type="checkbox"/> Amputee               | <input type="checkbox"/> Fibromyalgia         | <input type="checkbox"/> Tubular Sclerosis       |
| <input type="checkbox"/> Anglemans Disease     | <input type="checkbox"/> Mental Illness       | <input type="checkbox"/> Spinal Muscular Atrophy |
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Motor Neuron Disease | <input type="checkbox"/> Machado Joseph Disease  |

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- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cerebral Palsy          | <input type="checkbox"/> Multiple Sclerosis     | <input type="checkbox"/> Functional Neurological Disorder                    |
| <input type="checkbox"/> Dementia                | <input type="checkbox"/> Muscular Dystrophy     | <input type="checkbox"/> Friedreich Ataxia                                   |
| <input type="checkbox"/> Devices                 | <input type="checkbox"/> Polyneuropathy         | <input type="checkbox"/> Ehlers Danlos                                       |
| <input type="checkbox"/> Down's Syndrome         | <input type="checkbox"/> Spina Bifida           | <input type="checkbox"/> Myalgic encephalomyelitis/ chronic fatigue syndrome |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Spinal Cerebral Ataxia | <input type="checkbox"/> Other: <input type="text"/>                         |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Spinal Injury          |  |

You can select more than one type. If Other, please specify Disability type.

## 2.4 Supporting Organisation Details

Successful organisations will have 6 months from the receipt of the funding to use and acquit the funding for the Applicant.

All of the funding received by successful organisations must be distributed, on behalf of Youngcare, for the direct benefit of the client.

Home modifications need to be organised and managed by the supporting organisation. An agreement needs to be established regarding the maintenance and care of the modifications. In most instances, this is the responsibility of the client/family. However, faulty or poor workmanship will need to be addressed by the supporting organisation.

Hours purchased for respite and support workers under this grant will be managed by the supporting organisation.

### Name of Organisation \*

### Contact Person \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Position

### Postal Address \*

Address

  

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Phone Number \*

### Mobile Number

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**Email \***

**Confirm Email**

## 2.5 Legal Guardian

**Name \***

Title

First Name

Last Name

**Relationship to Applicant \***

**Age**

**Are you the Applicant's Primary Carer? \***

- Yes  
 No

**Postal Address \***

Address

Suburb

State

Postcode

**Phone Number**

**Mobile**

**Email**

**Confirm Email**

## 2.6 Next of Kin / Advocate

### Name

Title

First Name

Last Name

### Relationship to the Applicant

### Age

### Are you the applicant's primary carer?

- Yes  
 No

### Postal Address

Address

Suburb

State

Postcode

### Phone Number

### Email

### Confirm Email

## Part Three - Applicant Needs

\* indicates a required field

### 3.1 Disability Support Needs

Please indicate the current types of care that reflect the support required by the Applicant on a daily basis (you can select more than one item).

Current Level of Care \*

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- 1. Medical care (Has nursing staff to monitor seizures, tracheostomy, PEG feeding, SPC, Pressure/bowel care, up to 24 hours per day care)
- 2. Personal care (Assistance with showering, toileting, dressing, mobility, feeding and transfers)
- 3. Supervision (Permanent monitoring and prompting, to ensure applicant cares for themselves, and/or monitoring for self-injurious behaviour)
- 4. Allied health care (Health support including physiotherapy, exercise, mobility, strength and balance, for condition with prospect of improvement or delaying further onset of symptoms)
- 5. Support services (Help with washing, ironing, house cleaning and basic home maintenance, and transport to help you do shopping, visit your doctor or attend social activity)
- Other:

Must be at least 1 choice selected

### Have your support needs increased in the last 12 months? \*

- Yes
- No

### Please explain your response.

Word count:

Must be no more than 100 words

## 3.2 Current Accommodation Situation

Where is the applicant currently living?

\*

- Living with family members
- Living in supported accommodation (eg SIL, SDA)
- Living in hospital or rehabilitation unit
- Living alone (with/without supports)
- Living in Aged Care
- Experiencing Homelessness

## Part Four - The Move

\* indicates a required field

## 4 Funding Application

**Why is this funding needed? (Please be very specific - ie. What is it for? Why is the person moving? What will happen if this funding is not received? Is this funding available elsewhere?) \***

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What will happen if this funding is not received? Is this funding available elsewhere?

**How will this funding impact your ability to return to your home/move to your new home? \***

**What is the address of your new home?**

**What type of accommodation is this? \***

- Specialist Disability Accommodation (SDA)
- Private (Owned)
- Private (Rental)
- Social Housing
- Supported Independent Living (SIL) only
- Independent Living Option (ILO)
- Other:

**If moving into SDA, what category is it? \***

- High Physical Support
- Fully Accessible (FA)
- Robust
- Improved Livability
- Not moving into SDA

**When do you intend on moving? \***

- I am in the process of moving
- Within 1 month
- Within 3 months

**How many other people will be living with you? Relationship to you? \***

**Do you have an NDIS Plan? \***

- Yes
- No
- In process

**What support will you receive in your new home? \***

## Part Five - Item Details

\* indicates a required field

### 5.1 Detail the item and/or service you wish to purchase with this grant

Please note that an assessment by an allied health professional is required. Assessments must outline the suitability and need for the item selected and be included with your application.

If you are applying for Services you will need to attach an outline of how these services will be used within a period of 6 months.

If you cannot find the item you are seeking funding for in the categories below, you will need to provide details about how the requested item will help you to move home.

#### What are you applying for? \*

- Equipment
- Modifications
- Services

You can choose more than 1

#### 5.2.1 Equipment

##### Please choose from the list below which equipment you would like to purchase with this grant. \*

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Bed - Companion / HiLo              | <input type="checkbox"/> Kitchen Items | <input type="checkbox"/> Shower chair | <input type="checkbox"/> Whitegoods - fridge, washing machine, dryer etc. |
| <input type="checkbox"/> Furniture - Basic                   | <input type="checkbox"/> Linen         | <input type="checkbox"/> Wheelchair   | <input type="checkbox"/> Other: <input type="text"/>                      |
| <input type="checkbox"/> Hoist - Ceiling / Electric / Manual |  |                                       |   |

##### Have you applied for funding through the NDIS for this equipment? \*

- Yes
- No

##### If yes, how much funding are you able to receive? If \$0.00 approved by the NDIS, what reason did they give?

Must be a dollar amount

Must be no more than 50 words

##### If you have not applied for funding through the NDIS, please explain why.

Must be no more than 50 words

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**Is this a new piece of required equipment or a replacement of an existing piece? \***

- New piece of required equipment
- Replacement of an existing piece of equipment

**If a replacement, please explain why**

Word count:

**Professional assessment required \***

Attach a file:

### 5.2.2 Modifications

**Please choose from the list which modifications you would like to purchase with this grant. \***

- Access ramps
- Floor resurfacing
- Kitchen modifications
- Other:
- Bathroom modifications
- Door modifications

You can choose more than 1.

**Have you applied for funding through the NDIS for your modifications? \***

- Yes
- No

**If yes, how much funding are you able to receive? If \$0.00 funding approved by the NDIS, what reason did they give?**

\$

Must be a dollar amount

**If you have not applied for funding through the NDIS, please explain why.**

Must be no more than 50 words

**Please describe how you were managing at home to this point and what has changed to need this modification?**

Word count:

Must be no more than 100 words

**Professional assessment required \***

Attach a file:

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### 5.2.3 Services

#### Services \*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Allied Health Services | <input type="checkbox"/> Functional Capacity Assessment | <input type="checkbox"/> Removal costs                  | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Domestic Assistance    | <input type="checkbox"/> Overnight care                 | <input type="checkbox"/> Short Term Accommodation (STA) |  |

#### Do you have support/care services funded in your NDIS/other funding plan (eg NIIISQ, TAC)? \*

- Yes  
 No

#### If yes, how many hours per week do you receive?

Must be a whole number and no more than 168

#### If no, please explain what reason was given for this?

Must be no more than 50 words

#### Please describe your need for services, and why this is essential? \*

Word count:

Must be no more than 100 words

#### Professional assessment required \*

Attach a file:

Please attach a professional assessment from an allied health professional that outlines the need for this service.

### 5.3 How will this funding assist the Applicant to move into their new home, or move back home?

**Please be specific. We will receive more applications than we have funding available. Priority will be given to applications we identify as having the highest need. \***

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Word count:  
Must be no more than 100 words

### 5.4 Funding Requested

Detail the amount of funding being requested below. (Maximum grant \$5,000).  
Please ensure that you itemise all of the individual costs involved.

**Please attach two quotes for each item/service - if only one quote can be provided please provide an explanation. Quote 1 will be regarded as the preferred quote for the item.**

**Please ensure you provide the total cost of the grant you are seeking (Excluding GST).**

Item *	Quote 1 (preferred quote) *	Quote 2 (if available)
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	Attach Quote 1 * Attach a file: <input type="text"/>	Must be a dollar amount Attach Quote 2 Attach a file: <input type="text"/>

### Total Expenses

Total amount of funding required to purchase item must be detailed for the application to be eligible. (Total amount excluding GST).

Total of Quote 1 *	Quote 2
\$ <input type="text"/>	\$ <input type="text"/>
Please provide a total by adding quote 1 for all items listed above. Must be a dollar amount.	

### Other Funding Sources

This may include: personal contributions, government subsidies, or other funding grants from community agencies. Please be aware that the total costs of the item or services must be accounted for in this section or your application may not be eligible. Youngcare will never grant funding for an application that does not cite evidence that the full costs of the item or service can be met by the applicant.

<input type="radio"/> Not applicable If no Other Funding Sources are involved in this application, please check Not applicable above and enter \$0.	<b>Government Subsidy Funding</b> \$ <input type="text"/> Enter amount to be funded for these items from Government Subsidies. Must be a dollar amount. If \$0.00, please put \$0.00
	<b>Other Sources of Funding (if needed)</b>

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\$   
Enter amount to be funded for these items from other sources. Must be a dollar amount

**Please list other sources of funding required to purchase the item described above and attach evidence if applicable.**

Word count:

### Upload file

Attach a file:

Total funding requested from Youngcare (Must be under or equal to \$5,000)

*Total Requested must be under \$5,000*

Quote 1 \*  
\$

Quote 2  
\$

**Do you have 2 quotes for each item listed? \***

- Yes  
 No

If no, you must complete 4.5

5.5 If you have not obtained a second quote, please explain why?

Word count:

## Part Six - Privacy Notice

\* indicates a required field

### 6.1 Terms and Conditions

Youngcare retains the rights to use de-identified information in the application for the purposes of research and statistical analysis.

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Youngcare collects personal information about the applicant from this form. Youngcare also collects recipient information to contact recipients and seek feedback about how grants are used. This can help Youngcare to address any concerns and continue to improve its services.

Information disclosed to research partners for research and quality assurance activities will be de-identified to ensure anonymity.

Applicants wishing to request access to their personal information held by Youngcare may contact Youngcare by calling 1800 844 727 or emailing [connect@youngcare.com.au](mailto:connect@youngcare.com.au).

### **Please read and accept the Terms and Conditions of this Application \***

I, the applicant, accept the Terms and Conditions

I, as an Office Bearer of the Management Committee/  
Board of Management, accept the Terms and Conditions

## 6.2 Media Consent

Providing stories is a powerful way for Youngcare to continue to educate, advocate and create change for people just like you.

Are you happy for your details to be passed on to a member of our Youngcare family, who will follow up with more information about possibly sharing your story.

**Please note:** this will not have any impact on the outcome of your application.

If you would like to share your story, check this box and our media team will be in contact.

## Part Seven - Checklist

\* indicates a required field

### 7.1.1 Checklist for Individuals

Please complete the Checklist to confirm that all required information is submitted with your application.

#### **Mandatory \***

- Terms and Conditions accepted
- Quotes attached (two per item/service)
- Professional assessment for equipment, modification and/or services attached

Must be at least 3 choices selected

#### **If applicable**

- Other supporting evidence attached (e.g. evidence of financial contribution to the cost of item)

### 7.1.2 Checklist for Organisations

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Please complete the Checklist to confirm that all required information is submitted with your application.

### **Mandatory \***

- Quotes attached (two per item/service)
- Terms and conditions accepted by the applicant
- Professional assessments for equipment, modification and/or services attached.
- Terms and conditions accepted by an Office Bearer from the Management Committee of the supporting organisation

At least 4 choices must be selected.

### **If applicable**

- Other supporting evidence attached (e.g. evidence of financial contribution to the cost of item)