

# DirectLife Application Form

To be completed by person applying for inclusion in the DirectLife program.

Name \_\_\_\_\_

Current address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Best time to call \_\_\_\_\_

Date of Birth \_\_\_\_\_

Workplace \_\_\_\_\_

Desired living arrangement:  Individual  Shared

Preferred location \_\_\_\_\_

Current funded programs:  TAC  HomeFirst  Supported accommodation  
 Outreach  Support & Choice  Other \_\_\_\_\_

Funded service provider: \_\_\_\_\_

Previous living arrangements (for the last 10 years)	Length of time
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Reasons for applying for the program (how will the program benefit you?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community activities you would like to be involved in (Interests)  
\_\_\_\_\_  
\_\_\_\_\_

How many people would you like to live with?

---

What type of person would you like to live with?

---

---

What type of person don't you want to live with?

---

---

Who should be contacted to let them know you have applied for the DirectLife program?

Name	Relationship	Contact Details
		Ph:
		Ph:
		Ph:
		Ph:

People you think might be interested in being part of your support council:

---

---

DHS service provider: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please send completed application form to...

DirectLife Facilitator  
E.W.Tipping Foundation  
1036 Dandenong Rd  
Carnegie, Vic, 3163

