



Ryde Area Supported Accommodation for Intellectually Disabled Inc.

14 Smalls Road RYDE 2112 [www.rasaid.org.au](http://www.rasaid.org.au)

## RASAIID WAITING LIST FORM

NAME OF PERSON REQUIRING ACCOMMODATION:

FIRST NAME. ....SURNAME.....

DATE OF BIRTH .....MALE / FEMALE.....

PARENT/CARER NAMES .....

APPLICANT'S CURRENT ADDRESS.....

CONTACT NUMBER ..... EMAIL .....

DESCRIPTION OF APPLICANT'S  
DISABILITY.....

.....  
DOES THE APPLICANT CURRENTLY HAVE NDIS FUNDING FOR SUPPORTED  
ACCOMMODATION?.....

Is the person ready to move into RASAIID at short notice if a vacancy occurs? YES / NO

**RASAIID's service provider** will need to assess prospective residents to ensure they are suitable. We will require permission for this assessment of your person as well as their current funding levels and general suitability to assimilate with other RASAIID residents. This assessment will be confidential with the service provider. RASAIID will also meet with you to talk about yours and our expectations.

**Name of Person filling out this form**.....

**Relationship to Applicant**.....

**Signature** ..... **DATE**.....

**PLEASE RETURN FORM TO ABOVE ADDRESS OR EMAIL ADDRESS BELOW. THANKYOU.**

Any enquiries please email: [admin@rasaid.org.au](mailto:admin@rasaid.org.au)