# Current Living Arrangements

## Conversation tool | Adult

Conversation tools can be used to assist planning – they are optional and do not need to be submitted with the My Plan.

|  |  |  |
| --- | --- | --- |
| Person’s Name | icare reference number | Date |
|  |  |  |
| Others present for meeting | Case Manager/Planning facilitator | Case Manager contact details |
|  |  |  |
| Where do you live (your address)? |
|  |

**What type of dwelling is your home?**

[ ]  Apartment [ ]  Freestanding house [ ]  Townhouse/villa [ ]  Farm [ ]  Caravan [ ]  Other

**Do you own your home or rent?**

[ ]  Own home

[ ]  Rented home (e.g. private rental, Housing NSW, Specialist Disability Accommodation (SDA), through a relative or a friend)

[ ]  Residential facility (e.g. nursing home)

[ ]  Supported accommodation (e.g. group home, hostel, retirement village)

**Have there been any modifications to this home because of your injury?**

[ ]  No [ ]  Yes, please provide details below. Are these working well?

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### Living arrangements

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| Who do you live with (include name and relationship)? |
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| Have there been any recent changes to who you live with? Are there likely to be changes to who you live with soon? |
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### Potential problems (risks) with your home

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| --- |
| Do you think there might be problems in the future with your current home? (e.g. your home is a private rental and modifications are needed, or you think the owner wants to sell the home)[ ]  No [ ]  Yes, please provide details below: |
|  |

### Additional information and comments

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|   | Lifetime Care GPO Box 4052, Sydney, NSW 2001 **General Phone Enquiries: 1300 738 586**Email: care-requests@icare.nsw.gov.auwww.icare.nsw.gov.au  |   | Workers Care GPO Box 4052, Sydney, NSW 2001 **General Phone Enquiries: 1300 738 586**Email: care-requests@icare.nsw.gov.auwww.icare.nsw.gov.au  |