# 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.

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| --- | --- | --- |
| 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: |
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### 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.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |  | Workers Care  GPO Box 4052, Sydney, NSW 2001  **General Phone Enquiries: 1300 738 586** Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |