

# Expression of Interest

## Curraghmore Mental Health Supported Living Program

Tell us about yourself so we can work with you to determine whether Curraghmore is the right service for you. If you are completing this expression of interest for someone else, please tell us as much information as possible.

### Personal information

First name:

Family name:

Preferred name:

Date of birth:

Current address:

City:

State:

Postcode:

Preferred phone number:

### Anticipated length of stay

Please tick the box for your intended length of stay.

Short term including respite

Medium term

Supported independent living (SIL)

Individualised living options (ILO)

### National Disability Insurance Service (NDIS)

Do you have an NDIS plan?    Yes            No

What is your NDIS plan number:

If yes, please provide the details of your Coordinator of Supports (CoS)

Name of CoS:

Company name:

Contact phone number:

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**1800 017 718**  
anglicare-tas.org.au

