

## Rent Choice Veterans Referral Form

INTERNAL FORM

This form is to be completed by the RSL DefenceCare intending to support the veteran during the time they receive the subsidy. This referral form, the Client Consent to Share Information Form and the Rent Choice Veterans Independence Support Plan are submitted as the referral package for approval.

Please use BLOCK LETTERS and print in black or blue pen only. Please mark relevant boxes with a . If you need more room to answer any section, please include details on a separate page and attach it to this form. For information or assistance with this form, phone 1800 422 322, 24 hours a day, 7 days a week.

Client reference number

T-File number

### Section A - Client details

Title

Last name or family name

First and middle name(s)

### Address

Unit/House number

Street/Avenue

Town/Suburb

Postcode

### Contact details

Phone

Mobile

Email

Date of birth

Age

Gender

Male

Female

Country of birth

Are you of Aboriginal or Torres Strait Islander descent?

Yes  
give details

No

Aboriginal

Torres Strait  
Islander

Aboriginal  
and Torres  
Strait Islander

What is the main language you speak at home?

English

Other →  
give details

**Income details**

Type of income	Paid	Amount of income
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$

**Details of other household members**

Name	Date of birth	Relationship to applicant	Income Source & Amount

**Priority Groups**

1. Does the client belong to any of the following groups?

Leaving military

Currently homeless or at risk of homelessness

Leaving Correctional Facility

Experienced domestic or family violence or family breakdown

Leaving Rehabilitation Facility

**Funded Support**

2. Is the client supported by a funding package/DVA benefits?

Yes  
give details

No

For example: Parental Responsibility to the Minister, After Care plan, NDIS plan, Gold card, White Card, Orange card, etc.

3. Has an application for social housing been submitted?

Yes  
date

No

## Section B - Housing Details

### Current housing circumstances

4. Is the client in private rental housing?

Yes → go to Q5

No  
select current circumstance

Caravan/motel

Evicted

Boarding house

Forced to leave own home

Family/friends

Refuge

Hospital/Rehabilitation Facility

Streets

Squat

Base - Military Barracks

Defence Housing Australia (DHA)

Homes for Heroes (H4H)

Correctional Centre

Other  
give details

Anticipated exit date from current accommodation

5a. Does the client have a current private rental tenancy at risk?

Yes  
give details

No → go to Q6

5b. What steps that have been taken to address these issues?

For example: other housing products

5c. Has the client or tenancy been issued with a Notice of Termination?

Yes  
expiry date

No

5d. Has an application for Housing Assistance been submitted

Yes  
date submitted

No

## Previous Housing

**Accommodation 1**    Type of accommodation

<input type="checkbox"/>	Caravan/motel	<input type="checkbox"/>	Evicted
<input type="checkbox"/>	Boarding house	<input type="checkbox"/>	Forced to leave own home
<input type="checkbox"/>	Family/friends	<input type="checkbox"/>	Refuge
<input type="checkbox"/>	Hospital/Rehabilitation Facility	<input type="checkbox"/>	Streets
<input type="checkbox"/>	Squat	<input type="checkbox"/>	Base - Military Barracks
<input type="checkbox"/>	Defence Australia Housing (DHA)	<input type="checkbox"/>	Homes for Heroes (H4H)
<input type="checkbox"/>	Juvenile Justice or Correctional Centre	<input type="checkbox"/>	Other give details

Length of stay

Reason for leaving/ending

**Accommodation 2**    Type of accommodation

<input type="checkbox"/>	Caravan/motel	<input type="checkbox"/>	Evicted
<input type="checkbox"/>	Boarding house	<input type="checkbox"/>	Forced to leave own home
<input type="checkbox"/>	Family/friends	<input type="checkbox"/>	Refuge
<input type="checkbox"/>	Hospital/Rehabilitation Facility	<input type="checkbox"/>	Streets
<input type="checkbox"/>	Squat	<input type="checkbox"/>	Base - Military Barracks
<input type="checkbox"/>	Defence Australia Housing (DHA)	<input type="checkbox"/>	Homes for Heroes (H4H)
<input type="checkbox"/>	Juvenile Justice or Correctional Centre	<input type="checkbox"/>	Other give details

Length of stay

Reason for leaving/ending

**6. Has the client ever been evicted or asked to leave accommodation/rental property?**

Yes     No → go to Q7

give details of what occurred, when and outcome/how resolved

7. Is the client registered on a tenancy database (e.g. TICA)?  Yes  No

**Section C - Support Needs**

8. Is the client linked to case management support?  Yes  No → go to Client Issues and Specialist Support

Program name

Intensity of support

Low -  
< 1 hour p/w, brief contact, occasional referral, maintenance only, no crisis

Medium -  
<8 hours of support, > 1 hour support p/w: active case plans

Length of time the client been using this service

**Client Issues and Specialist Support:**  
complete all support issues below

Support	Yes - pending	Yes - Referred	Yes - Provided	No
Family relationships (including parenting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug & alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community links/support networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent living skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Agencies Involved with the Client**

Agency	Nature of involvement

**Section D - Employment and Education/Training**

Current employment/educational status

9a. Is the client currently undertaking any studies?

Yes  
give details

No → go to Q9b

Type of Study	Education/training provider	Level of Attainment Sought
TAFE		
University		
Registered Training Organisation		
Other		

Expected completion date  → Go to Q9b

9b. Is the client currently employed?

Yes  
give details and go to Section E

No → go to Q9c

Name of employer	Position	Full Time / Part Time	Casual / Permanent	Hours/week

9c. If the client is not currently employed is the client linked in with an employment agency or Job Network Provider?

Yes  
give details of the linked employment agency / Job network provider

No

### Section E - Sustainability & Commitment

10. Is DefenceCare able to coordinate support for the duration of the tenancy and provide information for quarterly reviews?

Yes

No

11. Is an Independence Support Plan attached outlining the support offered to the client and how the client will sustain the tenancy at the conclusion of the subsidy?

Yes

No

12. Does the client understand the requirements of the program and has signed the Independence Support Plan?

Yes

No

## Section F - Support Agreement

Given that this subsidy is only available for a maximum of 36 months, support agencies and the client will need to demonstrate that there is capacity, with support, for the client to be able to maintain a tenancy at the end of the subsidy period.

The **agency** agrees to coordinate support for the above client as outlined in their attached Independence Support Plan during their participation with the Rent Choice Veterans Private Rental Subsidy Program.

Agency Name

Name of worker

Signature

Date

Name of witness

Signature of witness

Date

The **client** agrees to the support outlined in their attached Independent Support Plan during their participation with the Rent Choice Veterans Private Rental Subsidy Program.

Name

Signature

Date

Name of witness

Signature of witness

Date

This referral also requires attached:

- 1) A signed Consent to Exchange Information Between a Social Housing Provide and Support Workers Form
- 2) A completed Rent Choice Veterans Independence Support Plan which details both challenges and needs around housing, employment/education or training and any other relevant issues impacting on the ex-service person.

It should capture goals, strategies/actions to address challenges, people responsible and timeframes for achievement

**Applications without detailed Independent Support Plans will NOT be considered.**