



Private Rental Brokerage Service Referral

This form is to be completed by support providers and submitted with a Case Plan when referring a client for assistance through the Department of family and Community Services (FACS) Private Rental Brokerage Service. Please complete on-line, print and sign, or use a blue or black pen. For information or assistance with this form, phone 1800 422 322, 24 hours a day, seven days a week.

Client reference number

T-File number

Client details

Title
Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Date of birth

Country of birth

Is the client or any member of the household of Aboriginal or Torres Strait Islander origin?

Yes -Aboriginal

No

Yes -Torres Strait Islander

No

Address

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact details

Phone

Mobile

Email

Details of other household members

Name	Date of birth	Relationship to applicant

Support needs

- | | |
|--|---|
| <input type="checkbox"/> Physical illness | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Criminal Justice Issues |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Child protection |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Family support needs |
| <input type="checkbox"/> Drug and alcohol | <input type="checkbox"/> Long-term homelessness |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Other (please specify below) |

Primary complex need:

Secondary complex need:

Support provided

1. What type of support services are provided for the client?

- | | |
|---|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Home care | <input type="checkbox"/> Probation and parole |
| <input type="checkbox"/> Drug and alcohol | <input type="checkbox"/> Other (please specify nature of support provided below) |

2. How often does the client use the service?

- Daily
- Weekly
- Monthly
- Other (please specify below)

3. How long has the client been using your service?

- Days
- Weeks
- 1-5 months
- 6-12 months

- 1-2 years
- 3-4 years
- 5+ years

4. How long do you think the client will continue to use the service?

- Weeks
- 1-6 months
- 6-12 months

- 1-2 years
- 3-4 years
- 5+ years

Housing need

1. Where is the client currently staying?

- | | |
|---|---|
| <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 | <input type="checkbox"/> Streets |
| <input type="checkbox"/> Squat | <input type="checkbox"/> Squat |
| <input type="checkbox"/> Prison | <input type="checkbox"/> Other (please specify below) |



2. Why is the client's current accommodation unsuitable for their needs?

3. What attempts have been made to find suitable accommodation?

4. What do you think are the issues/barriers faced by this client when searching for private rental?

- | | |
|---|---|
| <input type="checkbox"/> Client presentation | <input type="checkbox"/> Family size or composition |
| <input type="checkbox"/> Specific housing needs | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Rental history | <input type="checkbox"/> Other (please specify below) |



5. Please specify if the client or any household member have any other factors that impact on the type of housing they require

Supporting agencies

1. Please list all other agencies currently working with the client

Agency	Contact number	Primary worker

FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: www.facs.nsw.gov.au/site_information/privacy or by calling: 02 9377 6000.

Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

Notice: Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. FACS may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>

Consent to be contacted for participation in evaluation (optional)

From time to time, we may contact you to get your feedback about the services being provided to you. Please indicate whether you wish to be contacted for this purpose. If you do agree, more detailed information will be given to you about the evaluation and what information will be requested at the time you are contacted.

I agree to be contacted for participation in evaluation.

Full name (please print)

Signature

Date

Support provider details

Name of support worker

Name of organisation

Agency address

Contact details

Work

Mobile

Email

Support agreement

This agency agrees to provide support to the above client as outlined in the attached case plan, during their participation in the Private Rental Brokerage Service.

Signature

Date

CASE PLAN TEMPLATE (please type or print clearly)

Issue/s facing the client	Strategy to address Issue/s	Title of position responsible	Name of position holder	Agency	Timeframe for involvement	Frequency of contact with client to address issue