

## Rent Choice Youth Referral Form

INTERNAL FORM

This form is to be completed by the support agency intending to support the young person during the time they receive the subsidy. This referral form, the Client Consent to Share Information Form and the Rent Choice Youth Independence Support Plan are submitted as the referral package for assessment by the Partner Facilitation Group.

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

Is any household member expecting a baby?

Yes  
due date

No

**Details of Support Agency**

Name of agency

Address

Support worker

**Contact details**

Phone

Mobile

Email

**Priority Groups**

1. Does the client belong to any of the following identified priority groups for assistance under this program?

Leaving Out of Home Care

Currently homeless or at risk of homelessness

Leaving a Juvenile Justice program

Experienced domestic or family violence or family breakdown

**Funded Support**

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

Yes  
give details

No

For example: Parental Responsibility to the Minister, After Care plan, NDIS plan 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

SHS Transitional Accommodation

Juvenile Justice or Correctional Centre

Other

OOHC - Out of Home Care

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

6. Does the client have the capacity to share accommodation

Yes

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"/> SHS Transitional Accommodation
<input type="checkbox"/> Juvenile Justice or Correctional Centre	<input type="checkbox"/> Other

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"/> SHS Transitional Accommodation
<input type="checkbox"/> Juvenile Justice or Correctional Centre	<input type="checkbox"/> Other

Length of stay

Reason for leaving/ending

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

Yes     No → go to Q8  
↓  
give details of what occurred, when and outcome/how resolved

**8. Is the client registered on a tenancy database (e.g. TICA)?**

Yes     No

## Section C - Support Needs

9. 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

High -  
Multiple  
professional  
services: 8+  
hours of support  
p/w

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"/>

If the client is under 18 please complete and attach a **Housing Pathways Independent Living Skills Assessment Form** if one has not been submitted to FACS - Housing recently.

## Other Agencies Involved with the Client

Agency	Nature of involvement

## Section D - Employment and Education/Training

Current employment/educational status

10. Has the client been attached to a mentor?

Yes  
give details

No → go to Q11a

Mentor's organisation/name

Date commenced

11a. Is the client currently undertaking any studies?

Yes  
give details

No → go to Q11b

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

Expected completion date

→ Go to Q11b

11b. Is the client currently employed?

Yes  
give details and go  
to Section 5

No → go to Q11c

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

11c. 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

12. Is the support provider able to maintain support for the duration of the tenancy and provide information for quarterly reviews?

Yes

No

13. 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

14. 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 provide support for the above client as outlined in their attached personal support plan during their participation with the Rent Choice Youth Private Rental Subsidy Program.

Agency Name

Name of worker

Signature

Date

Name of witness

Signature of witness

Date

15. Is this agency SHS funded?

Yes

No

The **client** agrees to the support outlined in their attached Independence Support Plan during their participation with the Rent Choice Youth 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 Youth Independence Support Plan which details both challenges and needs around housing, employment/education or training and any other relevant issues impacting on the young person.

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

**Applications without detailed support/case plans will NOT be considered.**

For clients under 18 or with a significant barrier, ensure that an Independent Living Skills Assessment form is submitted to Housing Pathways or attached with this referral.