

Rent Choice

Program Exit and Evaluation (Renting)

This form is to be completed by the FACS Private Rental Specialist Rent Choice housing officer, or support worker to gather exit information when a client stops receiving a Rent Choice private rental subsidy.

T File Number	Client reference number	Rent Choice Housing Option Ref

Client Details

Title	
Last name or family name	
First and middle name(s)	

Details of Person Completing Evaluation

Lead support agency (if applicable)	
Name of person completing evaluation	
Position	
Rent Choice product client is receiving	
Date subsidy commenced	DD/MM/YYYY
Date subsidy ended	DD/MM/YYYY

End of Subsidy

1. Select the most appropriate subsidy end reason. If more than one reason applies, select the one highest in the list.

- | | | |
|--------------------------|-------------------|--|
| <input type="checkbox"/> | C-PRIVMRK | The client is ready to sustain a tenancy in the private market (e.g. the client has been successfully tapered) |
| <input type="checkbox"/> | C-NOTRQD | The client no longer requires a subsidy (e.g. due to completion of education or training, offer of employment) |
| <input type="checkbox"/> | C-OTHAFF | The client has found alternative accommodation that is more affordable |
| <input type="checkbox"/> | C-OTHPER | The client wants alternative accommodation for personal or lifestyle reasons |
| <input type="checkbox"/> | C-NOLWPG | The client no longer wants to meet program requirements (review process not wanted, rent subsidy too small, etc.) |
| <input type="checkbox"/> | C-SH | The client requires social housing (priority) |
| <input type="checkbox"/> | C-SHS | The client requires Specialist Homelessness Services (crisis/transitional) accommodation |
| <input type="checkbox"/> | C-NOLAPP | The subsidy is no longer applicable due to unforeseen events (deceased, ill health/accident, incarceration, etc.) |
| <input type="checkbox"/> | F-INELINC | Income is over eligibility limit (using 3 month average) |
| <input type="checkbox"/> | F-BREACHTA | Breach of Tenancy Agreement (abandoned, NCAT ended, ongoing arrears, ASB, etc.) |
| <input type="checkbox"/> | F-INELPROG | The client is not meeting program requirements (disengaged from supports, no longer considered suitable for program, etc.) |
| <input type="checkbox"/> | F-ENDPRD | End of maximum subsidy period |
| <input type="checkbox"/> | F-LNOTICE | Landlord notice/end of lease and no alternative product found |

End of Subsidy cont'd

Please provide further information about why client is exiting the program

2. How many times was the subsidy tapered for this client?

If tapered, how well did the client manage the increase in rent?

3. Were there any issues with the provision of support (where applicable) that impacted on the client's tenancy?

- Yes
- Somewhat
- No
- N/A

Please provide details

Where Next Housed

4. Where will the client be living after exiting the Rent Choice program?

- Private rental - same property
- Private rental - different property
- Private ownership
- Family/friends
- Social Housing
- SHS transitional or refuge
- Back to country (for Aboriginal clients)
- Disability accommodation
- Institutional care (aged care, rehab, prison, etc.)
- Interstate/overseas
- Not applicable
- Unknown
- Other

Please provide details

5. Does the client intend to apply to be listed on the Housing Register?

- Yes No

6. Do you have any further comments on the client's next housing?

Yes

No

Please provide details

Client Outcomes

7. Will the client have a satisfactory rental history as a result of the Rent Choice program?

Yes

Somewhat

No

Please provide details

8. How successful do you think the client has been in achieving the program objectives?

Not at all successfully

Somewhat successfully

Very successfully

N/A

Home	Progress towards fully independent housing (i.e. able to sustain a tenancy in the private rental market)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	Reduced exposure to domestic and family violence and improvement in perceived personal safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellbeing	Improved physical and/or mental health; improved wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowerment	Increased confidence in general life skills and ability to live independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education and Skills	Improved education or training levels/skill attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	Improved employment status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Overall do you think this was a positive or negative exit from the program for this client?

Negative

Neutral

Positive

N/A

10. Do you have any further comments on how we might improve the Rent Choice program given this client's experience?

Yes

No

Please provide details