

Rent Choice Client Review Form

This form is to be completed by the FACS Private Rental Specialist for Rent Choice Start Safely or the Support Provider for Rent Choice Youth or Defence Care Housing Officer for Rent Choice Veterans when conducting a Rent Choice quarterly review. This review can be conducted either in person or via the telephone. A Rent Choice Change of Circumstances form is required at each 6 month review or within 28 days if there is a change in client's income or household circumstances

This form is completed by the client's Support Provider every 3 months and returned to FACS within 14 days. Income documents must be returned with this form every six months from the 9 month review.

T File Number	Client reference number	Rent Choice Housing Option Ref
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Start Safely	<input type="checkbox"/> Youth	<input type="checkbox"/> Veterans
		<input type="checkbox"/> Transition

Details of Review

Review Due Date	<input type="text" value="DD/MM/YYYY"/>
Subsidy Start Date	<input type="text" value="DD/MM/YYYY"/>
Is client grandfathered from subsidy tapering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Subsidy Tapers previously applied	<input type="text"/>

Quarterly Review	Action
3 months 6 months	<ul style="list-style-type: none"> Ensure planned goals (where applicable including training and employment goals are on track) Review any changes in client's circumstances and eligibility for subsidy assistance Address any tenancy management issues (rental arrears; property care) If support is required <ul style="list-style-type: none"> Review whether the level and type of support are still appropriate for client needs Contact support providers for feedback on client progress, Identify and link with other relevant support services if required.
12 months 18 months 24 months 30 Months	<ul style="list-style-type: none"> Apply subsidy taper. If the previous decision was not to taper at the previous review, then Decide; <ul style="list-style-type: none"> Is client to be tapered? If yes, process to Assess taper. If no, reassess at next review.
9 months 15 months 21 months 33 months	<ul style="list-style-type: none"> Review any changes in the client's circumstances including income and update if needed to ensure that the client is receiving the correct subsidy payments. Assess a client's capacity to commence tapering of their subsidy at the next review Is client to be tapered? <ul style="list-style-type: none"> If yes, proceed to Assess for tapering If no, reassess at next review.
36 months	<ul style="list-style-type: none"> Maximum timeframe reached for Rent Choice. Complete exit review

Client Details

Title	<input type="text"/>
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Email	<input type="text"/>
Mobile	<input type="text"/>

Current Income and Rent Details

Date of Income Check	<input type="text" value="DD/MM/YYYY"/>
Has the income been verified via ICS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current total income	<input type="text" value="\$"/> per week
Current market rent	<input type="text" value="\$"/> per week
Clients rent payment (including CRA)	<input type="text" value="\$"/> per week
FACS subsidy payment	<input type="text" value="\$"/> per week
% of income	<input type="text"/> %

Property Address and Managing Agent/Landlord

Address	Unit/House number	<input type="text"/>		
	Street/Avenue	<input type="text"/>		
	Town/Suburb	<input type="text"/>	Postcode	<input type="text"/>
	Managing Agent/Landlord	<input type="text"/>		
	Email	<input type="text"/>		
	Mobile	<input type="text"/>		

Client's Tenancy Management

Prior to review with client, please contact the managing agent/landlord to check:

Property care is satisfactory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rent is paid to date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Antisocial behaviour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breach (e.g. abandoned, NCAT ended, eviction)	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
Pending rent increase	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No
Client is receiving support to address tenancy issues	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No

Details

Review of Income

To be completed at the quarterly reviews OR if the client's income has changed in the Please check and update income below and attach relevant documents

Please review the client's current income and financial management against income and rent details known to FACS on page 1.

Attach the following documents with this form and the Rent Choice Change of Circumstances Form (DHXXX)

- 4 week bank statement (all clients)
- Last 4 payslips or Employment Income Details Form DH1054B or pay slip confirming start date or letter from employer if employed less than 4 weeks (working clients only);
- Current Centrelink Income Statement if under 18 years or if Centrelink Income Confirmation Scheme Consent Form DH0158 has not previously been provided to FACS (all client's in receipt of Commonwealth benefits/ allowances).
- Department of Veteran' Affairs statement (for Rent Choice Veterans clients)

Review of Income cont'd

Date of Income Review

DD/MM/YYYY

1. Has the client or household income changed from the total shown on page 2?

No change

Yes - income has increased

Yes - income has decreased

Date of Change

DD/MM/YYYY

Source	Income Type	Amount per week
Centrelink		\$
Employment (average if casual)		\$
Department of Veterans Affairs		\$
Other		\$
	Total	\$

2. Has there been a change to the household compliment?

Yes

No

3. Has the client already informed FACS Housing of changes to their income and/or household?

Yes (give details)

No

4. Do you own or part own any residential or commercial property or land (including any property overseas)?

Yes

No

Independence Support Plan

Using the *Independence Support Plan Review Guide*, review with the client their progress towards achieving their housing, employment, and education/training goals outlined in their Independence Support Plan

5. Is the client engaged in support and progressing towards achieving goals?

Yes

No

6. Does the client feel further assistance or support is required?

Yes (give details)

No

7. Do you have any child protection concerns, or have you noted any indicators that a child or young person is at risk of harm?

Yes (give details)

No

Note: If Yes, use the Mandatory Reporter Guide Tool to determine the level of risk and any required actions after the interview is complete

8. Is there a need for brokerage assistance at this time? Yes No
 If yes, please assist submit proposed Brokerage Expenditure Plan

9. What level of support does the client require for the next 3 months?
 High - Multiple professional services: 8+ hours of support p/w
 Medium - <8 Hours of support, > 1 hour support p/w; active support plan
 Low - < hour p/w; brief contact, occasional referral; maintenance only; no crisis

Employment

10. What is the client's current employment status?
 Employed full time hrs per week
 Employed part time hrs per week
 Employed - casual hrs per week
 Apprenticeship hrs per week
 Not Employed - not seeking employment
 Not Employed - seeking employment

11. Is the client linked in with an employment agency or Job Network provider? Yes - give details No

12. If unemployed, what are the barriers to the client obtaining employment, and what steps are being undertaken to address these barriers?

Barrier	Actions to address	Timeframe	Responsibility

Education/Training

13. Is the client participating in, or intending to commence any education/training? Yes - give details No

Education/Training Provider	Course name or Field of study	Course Level	Start date or waitlist	Expected Completion Date

Review Outcome

14. What is the outcome of the quarterly review?

- Client extended for 3 months
- Client assessed for priority housing
- Client exiting at next review, exit form must be completed
- Mandatory Reporter Guide to determine child protection risk level and require action (if ticked, complete MRG)
- Approved - Subsidy tapering to commence at next review
- Not applied - Reassess at next review
- Approved - Variation
- Exit at next review
- Other - give details

Proposed exit date for subsidy

DD/MM/YYYY

End date of current lease

DD/MM/YYYY

Assessing Officer

Signature of assessing officer