

Information Collection Systems in the Housing and Accommodation Support Initiative Issues Paper

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Appendix A: Interview Questions for Support Providers

Name:	
Position:	
Organisation:	

Referral to HASI
What are the sources of referral to HASI and what information is collected on referral source?
What information is collected at referral and by whom?
Is there a standard HASI referral form?
Where is this referral information kept?
How/when is referral information reported on?
Are there any challenges with information collection during the referral process?

Assessment and Admission to HASI
Who decides on eligibility/admission to HASI (only NGO support providers)?
What information is collected on admission and by whom?
Is there a standard admission/assessment form (do AMHS use MHOAT)?
Does the initial assessment/admission process differ between locations/services?
Where is the information collected on admission kept?
How/when is the initial assessment/admission information reported on?
Are there any challenges with information collection during the admission process?
How is information recorded about clients who are not assessed as appropriate?
What process is followed for keeping waiting lists?

HASI Program
Other than referral and admission information, what other information is recorded about HASI clients throughout their involvement in the program? Who collects it?
Are there standard reporting forms (e.g. AMHS may use MHOAT)?
Where is this information kept?
How/when is the information reported on?
What information is kept on referral to other (non-HASI) services? (e.g. Admission to hospital)
Are there any challenges with information collection within the HASI program?

General Organisational Information
What data is kept about the costs of services provided?
What data is kept regarding Service Agreements and Individual Statements of Service? Is there a standard form used for these agreements?
Are there any other issues related to information collection and HASI that you would like to raise?

Follow Up Questions

Neami
Is the application form completed with the referring agent, the applicant or both?
Is the application form completed over the phone or in person?
Why do Neami employees complete the application form (rather than the referring person)?
Why do you collect information about the applicant's assets and labour force status?
Has housing made any referrals to HASI?
Why do you think that referrals from family members and/or carers been increasing in the Illawarra?

Are all of your clients required to have an area mental health service case manager?
If you are using a standardised referral form, how are HASI applicants distinguished from your other programs?
When assessing applicants do you use only the information that is detailed on the original application form?
When deciding eligibility, what relevance does gender and cultural background have?
What role do you play in selecting appropriate housing for HASI clients?
When housing is secured are you given any copies of the tenancy agreement or any other related information?
When you have a meeting with the AMHS and other organisations, what information do you collect and how is it used?
Do you keep a central office diary? If so, what information does this include?
Do you keep an office communication book? If so, what information does this include?

Richmond Fellowship
Has housing made any referrals to HASI?
Why do you require your applicants to have a mental health case manager?
If you are using a standardised referral form, how are HASI applicants distinguished from your other programs?
When deciding eligibility, what relevance does gender and cultural background have?
What role do you play in selecting appropriate housing for HASI clients?
When housing is secured are you given any copies of the tenancy agreement or any other related information?
When you have a meeting with the AMHS and other organisations, what information do you collect and how is it used?

New Horizons
Can you confirm that you do not keep an electronic database?
Has housing made any referrals to HASI?
Why do you require your applicants to have a mental health case manager?
If you are using a standardised referral form, how are HASI applicants distinguished from your other programs?
When deciding eligibility, what relevance does gender and cultural background have?
What is the reason for including the housing provider on the placement committee?
What role do you play in selecting appropriate housing for HASI clients?
Why have you recently moved toward allocating one key worker to each client? In our last interview you said that you used to rotate staff to ensure that they met with each of the clients?
How frequently do you review the client's individual service plan?
When housing is secured are you given any copies of the tenancy agreement or any other related information?
When you have a meeting with the AMHS and other organisations, what information do you collect and how is it used?
Do you keep a central office diary? If so, what information does this include?
Do you keep an office communication book? If so, what information does this include?

Appendix B: Interview Questions for Housing Providers

Name:	
Position:	
Organisation:	

Questions for Housing Providers
Is your organisation involved in the referral and assessment of clients for HASI? If so, what information do you collect and record at this point?
Can you describe your first point of contact with HASI clients and what information you collect and record at this stage?
What information does your organisation use to match housing with appropriate HASI clients? Do you keep records for each client or each premises or both?
Other than referral and assessment information, what other information does your organisation record about ongoing tenancies for HASI clients (eg. rental payments, renewing of tenancies, movement to different premises, feedback from clients, neighbours and support workers)?
How and when is your organisation required to report on your involvement in the HASI program?
Are there any challenges with information collection within the HASI program?
Are there any other issues/challenges about the HASI program that you would like to raise?

Follow Up Questions

Do you keep an electronic database? If so what is it called and what information does it keep?
Do you require HASI applicants to be eligible for public housing? If so, why?
What information, if any, do you collect about the prior accommodation of HASI clients?
How is information recorded when complaints are made about HASI clients?

Appendix C: Interview Questions for Area Mental Health Services

Name:	
Position:	
Organisation:	

Questions for Area Mental Health Services
What is the process of referral for HASI clients and what information does the AMHS record at this stage?
What is the HASI assessment and admission process following referral and what information does the AMHS record at this stage?
How and when are standardised assessments (such as MHOAT) used with HASI clients?
Other than referral and assessment information, what other information does the AMHS record about HASI clients throughout their involvement in the program?
How and when is the AMHS required to report on their involvement in the HASI program?
Are there any challenges with information collection within the HASI program?
Are there any other issues/challenges about the HASI program that you would like to raise?

Appendix D: Referral/Application Forms

The Richmond Fellowship of NSW Residential Program Referral

Reviewed and issued December 2003



The Richmond Fellowship of NSW RESIDENTIAL PROGRAM REFERRAL

RFSW FORM 0123

INTRODUCTION

Richmond Fellowship provides a range of accommodation services with varying levels of support according to individual needs. Accurate, comprehensive, and realistic referral information is important in determining the most appropriate level of support for the applicant.

Upon receipt of the referral, the Area Manager/Assistant Area Manager will conduct an assessment of the applicant to determine his/her needs. This can take place at the person's home, or at Richmond Fellowship's Area Office, or any other location that is considered appropriate.

The referrer will be advised, in writing, of the outcome of the client's assessment and their suitability to the service. Once accepted, the applicant will be placed on a waiting list in accordance with the Fellowship's relative needs criteria.

When a vacancy occurs, the applicant will be invited to visit the house to meet the residents and staff. Residents of Richmond Fellowship may participate in the decision about potential residents.

Richmond Fellowship does not provide emergency accommodation. If an applicant has an immediate accommodation need, other alternatives should be sought.

It is also difficult to predict the waiting time for an applicant. Once an applicant's name is placed on the Waiting List, the waiting time depends on a number of factors including the relative needs of other applicants and the need for internal transfers of current Richmond Fellowship residents according to their individual support needs.

All information provided in this referral is treated with the strictest confidentiality. The referrer is to ensure that the client's name is printed clearly on the bottom of each page and that all relevant documentation is attached (see page 6). Please ensure the applicant provides their signature on the **AUTHORITY TO RELEASE INFORMATION** form below.

AUTHORITY TO RELEASE INFORMATION

Authorise

Client's name

Referrer's name

of

Agency

To release all relevant information relating to this referral to the Richmond Fellowship of NSW for the purpose of assessing my suitability for the Residential program.

Client's signature

Witness's signature

Dated:

Please return completed form to:

Residential Referrals

The Richmond Fellowship of NSW
PO Box 3161
NORTH STRATHFIELD NSW 2137

The Richmond Fellowship of NSW Residential Program Referral

Reviewed and issued December 2003



The Richmond Fellowship of NSW RESIDENTIAL PROGRAM REFERRAL

R/NSW FORM 0123

PERSONAL INFORMATION

Date form completed: / /

Name: Date of birth: / /

Age: Sex: Phone:

Usual residential address:

Current address:
[If different to above]

Type of Income: Benefit Number:
[If applicable]

Next of Kin (NOK): Relationship:

NOK Address:

NOK Phone: NOK Mobil / email:

DOH Tenancy Number:
[If applicable]

Please identify reason if no application has been submitted to the Department of Housing.

Current psychiatric diagnosis:

Other diagnosis/disabilities:

Current medication:
[If more space is required please attach a separate list]

General practitioner: Phone:

Psychiatrist: Phone:

REFERRAL SOURCE

Referrer: Agency:

Address:

Phone: Community Case Manager:
[If other than the referrer]

Client's Name _____ pg 2 of 6

The Richmond Fellowship of NSW Residential Program Referral

Reviewed and Issued December 2003

CURRENT FUNCTIONING

Please rate from 1 to 10 with the most functional score at 10.

1. Personal care skills e.g. personal hygiene, self-care etc:									
1	2	3	4	5	6	7	8	9	10
<small>TOTALLY DEPENDENT</small>									<small>Totally self sufficient</small>
Problem areas:									
2. Interpersonal relationships:									
1	2	3	4	5	6	7	8	9	10
<small>WITHDRAWN & ISOLATED</small>									<small>FRIENDLY & SOCIAL</small>
Problem areas:									
3. Medication Management: i.e. level of compliance & what kind of support or assistance is required.									
1	2	3	4	5	6	7	8	9	10
<small>REQUIRES SUPERVISION</small>									<small>SELF MANAGED</small>
Support required:									
4. Money Management:									
1	2	3	4	5	6	7	8	9	10
<small>REQUIRES SUPERVISION</small>									<small>INDEPENDENTLY MANAGED</small>
Support required:									
5. Living Skills Profile									
Skill	Competent	Needs Guidance	Not Capable	Has not been assessed					
Cooking									
Housework									
Shopping									
Washing									
Public Transport									
Comments:									

Client's Name _____ pg 4 of 6

The Richmond Fellowship of NSW Residential Program Referral

Reviewed and Issued December 2003

9. What are the main areas this person needs support to improve?

10. Please indicate which level of support you feel this person requires.

- ☐ Complex Support. [Non-clinical] Client needs staff support 24 hours per day and 7 days a week.
- ☐ Intensive Rehabilitation. [Non 24 hour care] Short to medium term service with a focus on intensive rehabilitation.
- ☐ Central Sydney
- ☐ Wentworth
- ☐ High Support. Client needs 8-16 hours per day, 5-7 days per week with non-clinical 24 hour on call support.
- ☐ Central Sydney
- ☐ Wentworth
- ☐ Hunter
- ☐ Western Sydney
- ☐ New England
- ☐ Far West
- ☐ Greater Murray
- ☐ Medium Support. Client requires daily drop-in support on a needs basis. 2-5 visits per week.
- ☐ Central Sydney
- ☐ Hunter
- ☐ Low Support. Client has high level of independence and requires only occasional staff drop-in.
- ☐ Central Sydney
- ☐ Hunter

11. What are the major objectives for referring this person to our Residential Program?
Any other comments?

Please tick the following checkboxes to verify the appropriate documents are attached.

MH-OAT Documents:

- ☐ HoNOS
- ☐ LSP
- ☐ K10

Other documents:

- ☐ Discharge Summary
- ☐ Global Assessment of Functioning [GAF]
- ☐ Risk Assessment
- ☐ OT Reports (i.e.: DACSA/Functional Assessment)
- ☐ Other Documentation (Please list).

Client's Name _____ pg 6 of 6

Copy of Neami Application Form

Application to be completed by Neami staff

Mandatory eligibility requirements

Psychiatric Diagnosis yes ☐ no ☐

Over 18 yes ☐ no ☐

Housing and Support Needs yes ☐ no ☐

Living in or having significant links to the region yes ☐ no ☐

Date...../...../.....

Name:.....

Address:.....

.....

.....postcode.....

Telephone:.....

☐ Male ☐ Female

Date of Birth...../...../.....

Mental illness yes ☐ no ☐

Initial needs identification

Do you mind if I ask you several questions, which will assist us to confirm that Neami can assist you?

1. Describe your usual day?

2.Do you have contact with family/ friends? (who and how often?)

[illegible]

3. What other services are assisting you?

[illegible]

4. In what areas can Neami assist?
i.e. meeting people, looking after the home, learning new skills
etc.....

[illegible]

5. How much support do you think you need to be able to live independently?

[illegible]

6. Have you been unwell recently?
(list details)

[illegible]

7. What keeps you well?

[illegible]

8. Are you satisfied with your housing /living situation?

Yes ☐ No ☐

9. Have you ever lived on your own?

Yes ☐ No ☐

If yes, in what circumstances?

.....
.....
.....
.....
.....

10. Where have you lived over the past three years?.....

.....
.....
.....
.....
.....
.....

11. Have you ever lived in public housing?

Yes ☐ No ☐

12. Have you applied for public housing?

Yes ☐ No ☐

13. Do you have assets over \$30,000?

Yes ☐ No ☐

Yes ☐ No ☐

14. Have you ever lived in a supported housing service? If so where, and why did you leave?

.....
.....
.....
.....
.....

Which areas would you most like to live?

.....
.....
.....
.....
.....
.....

Is the applicant suitable for Neami?

Yes ☐ No ☐

Do you have a carer?Yes ☐ No ☐

If yes,

Does carer assist with self-care,
mobility or communication?Yes ☐ No ☐

Does carer live with you?

Yes ☐ No ☐**Carer relationship to you**

- ☐ Wife/female partner
☐ Husband/male partner
☐ Mother
☐ Father
☐ Daughter
☐ Son
☐ Daughter-in-law
☐ Son-in-law
☐ Other female relative
☐ Other male relative
☐ Friend/neighbour female
☐ Friend/neighbour male

Carer's Age Group

- ☐ Under 15 years
☐ 15 – 24 years
☐ 25 – 44 years
☐ 45 – 64 years
☐ 65 years and over

Does carer receive a service from a PDSS?

- ☐ Yes – as a primary client
☐ Yes – as a carer of a client
☐ Yes – as both a primary client and as a carer
☐ No

Do you consent to the release of your information to DHS for the purpose of data collection?Yes ☐ No ☐**Referral source**

- ☐ Self
☐ Family/friend
☐ General Practitioner
☐ Community Service Agency (government)
☐ Community Service Agency (non-government)
☐ Specialist aged or disability assessment service
☐ Residential Rehabilitation
☐ Residential alcohol / drug treatment unit
☐ Acute care hospital (general)
☐ Psychiatric Facility, inpatient unit
☐ Community Mental Health Service
☐ Psychiatric Long Term Facility, CCU
☐ Non psychiatric long term care
☐ Private Psychiatrist
☐ Within organisation

- ☐ **Are you of Aboriginal origin?**
☐ **Torres Strait Islander origin**
☐ **Both Aboriginal and Torres Strait Islander**
☐ **Neither Aboriginal nor Torres Strait Islander origin**

Country of birth self.....

father.....

mother.....

Main language spoken at home.....**Interpreter required?**

- ☐ For language other than English language.....
☐ For non spoken communication
☐ No

Most effective method of communication

- ☐ Spoken language
☐ Sign language
☐ Other effective non-spoken communication
☐ Little or no effective communication

Primary Diagnosis

- ☐ Schizophrenia
☐ Bipolar Disorder
☐ Depression
☐ Anxiety
☐ Personality Disorder
☐ Eating Disorder
☐ Post Natal
☐ Schizo-affective
☐ Other Psychiatric Diagnosis
☐ Not Known

Other disability

- ☐ Drug and Alcohol
☐ Intellectual
☐ Specific learning / Attention Deficit Disorder
☐ Autism
☐ Physical
☐ Acquired Brain Injury / Head Injury
☐ Neurological
☐ Deafblind (dual sensory)
☐ Vision
☐ Hearing
☐ Speech

Usual residential Setting

- ☐ Private residence-owned or purchased
☐ Private residence- private rental
☐ Private residence- public rental
☐ Private residence - mobile home or caravan
☐ Independent Unit within a retirement village
☐ Boarding House/Private Hotel

- ☐ Short term crisis/emergency accommodation
☐ Transitional accommodation
☐ Domestic-scale supported living facility
☐ Supported Residential Service, Hostel
☐ Residential aged care facility
☐ Psychiatric Inpatient Unit
☐ Psychiatric community care facility (CCU, Residential Rehabilitation)
☐ Public Place/temporary shelter
☐ Residence within an Aboriginal community - rented private residence
☐ Residence within an Aboriginal community - temporary shelter
☐ Hospital
☐ Other

Living arrangement

- ☐ Live alone
☐ Live with family
☐ Live with others

Do you have dependent children?

- ☐ Yes, live with me
☐ Yes, do not live with me
☐ No

Labor force status

- ☐ Employed
☐ Unemployed
☐ Not in the labour force

Main source of income

- ☐ Disability Support Pension
☐ Other pension or benefit
☐ Paid employment
☐ Compensation payments
☐ Other (superannuation, investments)
☐ No income

Emergency contact person

Name.....

Relationship.....

Address.....

.....

.....

phone.....

Support Needs**Self Care**

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Mobility

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Communication

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Interpersonal Interactions and Relationships

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Learning

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Education

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Community and Economic Life

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Domestic Life

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Working

- ☐ Unable or always needs support
- ☐ Sometimes needs support
- ☐ Does not need support but uses aids or equipment
- ☐ Does not need support

Who is the service user's primary clinical support?

- ☐ Public Area Mental Health Service
- ☐ Private Psychiatrist
- ☐ General Practitioner
- ☐ Other

Do you have a **case manager** at the Area Mental Health Service?

Yes ☐ No ☐

Name.....

Service.....

Permission sought to check with case manager and/or doctor to clarify any parts of this application. Yes ☐ No ☐

Application completed by.....

CONSENT

I, _____ give my consent to Neami to seek information from the following concerning matters related to this application from:

Name: _____

Relationship: _____

Phone: _____

for the period of this intake process.

I also give my consent to the Neami to keep a record of my referral. I understand that this information will be coded to protect my identity and will only be accessible to the services that I come into contact with.

I agree to allow Neami to call me (or my designated contact person if I am not contactable) in order to update my information and to see if I am still interested in housing and support.

Signed: _____ Date: _____



New Horizons Enterprises Limited

6/86 Pacific Highway, Tuggerah 2259

Telephone: (02) 4353-1200

Email: cc@newhorizons.net.au

Fax: (02) 4353-1250

A.B.N. 42 002 066 604

RESIDENTIAL REFERRAL FORM

TO BE COMPLETED BY REFERRING AGENT

ALL INFORMATION STRICTLY CONFIDENTIAL

PERSONAL INFORMATION

DATE: _____

NAME:

D.O.B.

LANGUAGE:

INTERPRETER Y/N SEX:

CURRENT ADDRESS:

TELEPHONE:

MOBILE:

TYPE OF INCOME:

MEDICARE NUMBER:

PENSION REFERENCE NUMBER:

OPC INVOLVEMENT:

NEXT OF KIN/ PERSON FOR NOTIFICATION:

NAME:

RELATIONSHIP:

TELEPHONE:

ADDRESS

REFERRAL SOURCE

REFERRER NAME:

POSITION:

AGENCY NAME:

ADDRESS:

TELEPHONE:

MOBILE:

Funded by the Commonwealth and NSW State Government to provide Aged Care, Supported Employment, Supported Accommodation and Community Services

Head Office
15 Twin Road NORTH RYDE 2113
988704111 admin@newhorizons.net.au

Hunter Office
5/115 Griffiths Road LAMINGTON 2299
4956-3299 hunter@newhorizons.net.au

Aged Care
53-63 Badajoz Road NORTH RYDE 2113
9888-1088 nhact@newhorizons.net.au

PSYCHIATRIC HISTORY**BRIEF HISTORY:****ARE ANY OF THESE CURRENTLY AN ISSUE?**

- ☐ SUBSTANCE ABUSE (illegal drugs, alcohol, caffeine, prescribed or over the counter drugs)
- ☐ SELF HARM/ SUICIDE
- ☐ VIOLENCE / AGGRESSION / ABUSE
- ☐ SECURING ACCOMMODATION
- ☐ INTERPERSONAL RELATIONSHIPS
- ☐ BEHAVIOURAL PROBLEMS (gambling, absconding)
- ☐ FINANCIAL MANAGEMENT ☐ PO.
- ☐ MEDICATION COMPLIANCE
- ☐ DIET
- ☐ HEALTH

**PLEASE GIVE FURTHER DETAIL & OUTLINE WHAT STRATEGIES HAVE BEEN EMPLOYED TO
MANAGE THESE ISSUES:**

CURRENT FUNCTIONING

PLEASE TICK OR COMMENT IN THE RELEVANT BOX:

TASK	COMPETENT	REQUIRES ASSISTANCE	INCAPABLE	HAS NOT BEEN ASSESSED
ORAL HYGIENE				
CLEAN/ TRIM NAILS				
BATHING/HAIR				
SHAVING				
SELF CARE RE MENSTRUATION				
TOILETING				
WASHING OF CLOTHES				
MENU PLANNING/ FOOD SHOPPING				
COOKING				
MONEY MANAGEMENT				
PERSONAL BANKING				
HOUSEHOLD MANAGEMENT				
INITIATES DAILY ACTIVITIES				
USES PUBLIC TRANSPORT				
USES TELEPHONE				
INITIATES CONVERSATION				
ACCESSES THE COMMUNITY				
MANAGES PSYCHIATRIC SYMPTOMS				

LEVEL OF SUPPORT

PLEASE INDICATE (circle) WHICH LEVEL OF SUPPORT IS REQUIRED:

1. **INDEPENDENT LIVING**
Support on needs basis.
2. **DROP-IN SUPPORT.**
 - a) Active Rehabilitation client working towards independent living. 2 hours per week.
 - b) Long term rehabilitation client unable to achieve total independent living. Less than 5 hours per week. No weekend support.
3. **PARTIAL SUPERVISION, NO OVERNIGHT STAFF.**
 - a) Active rehabilitation client requiring partial supervision but is capable of greater independence.
From 2- 6 hours per week. No weekend support.
 - b) Long term rehabilitation client unable to achieve independent living and requires on-going partial supervision. More than 6 hours per week. Weekend support.
4. **24-HOUR ACTIVE SUPERVISION.**
Client needs 24 hours per day, 7 days per week.

The referrer will be advised of the appropriateness of this referral and the suitability of this client to our programme after an assessment process by our residential staff. Placement is subject to the availability of resources and the availability of a suitable vacancy.

- ❖ *PLEASE ATTACH ANY RECENTLY COMPLETED, RELEVANT, STANDARDISED ASSESSMENT TOOLS.*
- ❖ *PLEASE ATTACH ANY RECENT DISCHARGE SUMMARIES.*

The Privacy Act requires the applicant to sign this form giving their consent for the release of their information and details.

The referrer and the applicant agree that no information has been withheld, all information is accurate, correct and necessary for New Horizons to provide a Duty Of Care to its residents and meet obligations to staff.

APPLICANTS SIGNATURE:

DATE:

REFERERS SIGNATURE:

DATE:

PLEASE FORWARD THIS COMPLETED FORM AND ATTACHMENTS TO:

Keiran Booth
Support Services Manager
6/ 86 Pacific Hwy, Tuggerah 2259
Phone: 4453 1200, Fax: 4353 1250

Appendix E: Relative Needs Assessment and Scores

RICHMOND FELLOWSHIP

Relative Needs Criteria for Entry to the Housing Accommodation Support (HASI) Program¹

A number of criteria are used to determine the relative needs of potential consumers applying for entry into the HASI Program. This is in accordance with Standard One of the NSW Disability Services Act, which requires that the agency establish clear entrance criteria, which ensure that each applicant has access to the service based on relative need and available resources and the National Mental Health Standards. 'Relative need' is a concept that ranks potential applicants based on greatest unmet need and the benefits they would gain from the service.

In assessing Relative Needs, each person is considered according to the following criteria:

1. Criteria for entry.
2. Criteria for placement in a particular level of support, and
3. Criteria for order of placement on the *Register of Applicants* in each program.

The application and assessment process evaluates each person's individual needs and wishes, and assesses the person's potential to benefit from the available level of support. If an applicant meets the basic entry criteria, she/he is then assessed according to individual needs and suitability for a particular HASI vacancy.

Following this assessment, a Score, the **Relative Needs Score**, is calculated according to the specified criteria. This score determines the order the person will be placed on the *Register of Applicants*. The *Register of Applicants* is regularly reviewed and one extra point is assigned for each month an applicant is on the list.

The Relative Needs Score provides a mechanism to prioritise applications to the HASI program that is transparent and ensures consistency across NSW. It is recognised that the Relative Needs Score may be at times an imprecise guide. The Selection Committee will be responsible for balancing all issues and documenting any deviations from the Relative Needs Score. Richmond Fellowship will report identified Relative Needs Score to the Centre for Mental Health as part of the program monitoring and evaluation arrangements.

When a vacancy occurs, the Selection Committee will convene to determine the applicant best suitable for the vacancy from the *Register of Applicants*. The applicant and the referrer will be contacted.

1 General Criteria for entry

The following are minimal criteria for acceptance into the HASI Program:

- The person has a significant functional impairment related to a severe mental disorder or disorder;
- The person has a need for high-level accommodation support.
- The person has the potential to benefit from a residential program and wants to live in supported accommodation.
- The person has a capacity to function within the level of support level available i.e. the person's mental health is sufficiently stable to be able to live in the community.
- The person's alcohol or drug use can be managed safely within the available support level.
- Harm to self or others can be managed safely within the available support level.

2. Criteria for placement

The HASI program is designed to meet particular needs. Factors that are considered in the program include:

- The applicant's Life Skills Profile (which accompanies the Referral Form)
- The applicant's level of support needs and level of ongoing disability
- Any specific behaviour, health problems or special needs which may require particular support

¹ Derived from: The Richmond Fellowship of NSW Waiting List Relative Needs Score July 1999

The person's age, and gender
The current needs of other tenants if the property is a share property.

3. Criteria for order of placement on the Register of Applicants

The following criteria and scores will assist in identifying priority placement on the Register of Applicant for the HASI program.

Please choose **ONE** from each of the following criteria:

Applicant's Name :		Relative Needs Score
Criteria		
> Present Accommodation ²		
Acute Or Non-Acute Psychiatric Unit		10
Homeless/At Risk Of Homelessness/Inappropriately Housed		6-10
Short Term Accommodation/Refuge/Respite Service		6-8
Long Term Accommodation		4-8
Living With Family		4-8
Low-Moderate Level Supported Accommodation		4-8
> Inpatient Care in the past twelve months		
> 300 days		10
150 - 300 days		8
90 - 150 days		5
< 90 days		3
> Hours of Community Resources ³		
Significant use of Mental Health Services		6-10
> Area Criteria		
Current resident of area for which application is made		7
Previous resident with significant links to area for which application is made		7
Previous tenant in a local accommodation support service		3
Total		37

Priority of Scoring Breakdown

Low	Medium	High
16-22	23-29	30-37

² Accommodation

Scores for long-term accommodation and living at home are based on an assessment of the applicant's total psychosocial needs and the suitability of his/her current accommodation. This is determined in consultation with the applicant and his/her referrer, Case Manager and/or primary carer.

³ Hours of Community Resources

This criteria is designed to allow for those applicants who would have been identified in the Present Accommodation and/or Inpatient Care in the past twelve months if it had not been for the significant occasions of intervention and support of the local Mental Health Services.

NEAMI

Criteria for entry and Relative Needs Score

General criteria for entry

The following are minimal criteria for acceptance into the High Needs Accommodation and Support Service.

- The person has a severe and enduring psychiatric disability
- The person has a need for high-level accommodation support
- The person has the potential to benefit from and wishes to live in support accommodation
- The person has the capacity to function within the level of support provided

Other criteria

This program provides a very high level of support to consumers, factors that are taken into consideration when determining the relative need of consumers.

- The applicants living skills profile (which accompanies the referral form)
- The persons level of support needs and level of ongoing disability
- Any specific behavior, health problems or special needs that require support
- The persons age, gender and cultural background

Criteria for order of placement on the register.

The register is not a wait turn list. When there is a vacancy applicants will be assessed by Neami staff on their level of need. The following criteria and scores assist in determining the applicants most in need for the service.

The following is a copy of the Neami Relative Needs Assessment form

Criteria	Relative needs score
Present accommodation	
Acute or non-acute Psychiatric Unit	10
Low level supported accommodation	8
Homeless/respite services	8
Short term accommodation/refuge	6-8
Living with carer	6-8
Long term accommodation	4-8
History of being unable to maintain accommodation without support	4-8

Accommodation

Scores for living with carer and long term accommodation are based on the applicants' total needs, the suitability of the current accommodation and the ability of the carer to continue supporting the applicant at home. This is determined in consultation with the applicant, the referrer, case manager and primary carer.

Inpatient Care in the past twelve months

>300 days	10
150 - 300 days	8
90 - 150 days	5
< 90 days	3

Primary diagnosis

Mental Illness	10
Other mental health problems	3

Area Criteria

Current resident of area for which application is made	7
Previous resident with significant links to the area	7
Previous tenant in an accommodation	3

Other factors

Dual diagnosis (drug and alcohol, brain injury, etc)	3
Aboriginal or Torres Strait Islander	3
Non English speaking country	3
Non English speaking background	2

The referring agent and consumer will be notified of the score and that it will be used in determining placement on the register.

The final decision on priority and filling of vacancies will be made by the Neami manager.

NEW HORIZONS**DRAFT****Nov. 15, 02****Rehabilitation and Assertive Follow up Team
(RAFT)****ASSERTIVE REINTERGRATION IN THE COMMUNITY****Screening form****Name: MRN****Date M/F****Diagnosis DOB****Referred by:****Essential Criteria.**

• Aged between 18 yrs and 64 yrs	Yes No
• Resident of Central Coast, or has been a recent Inpatient in a psychiatric unit and will be residing on the Central Coast	Yes No
• Has a major Psychiatric condition where the Primary diagnosis is not intellectual impairment or drug dependence	Yes No
• Requires sustained input of at least weekly contact	Yes No
• Is not in an acute phase of mental illness that requires Inpatient or acute management	Yes No

Other Possible Indicators:

- Prolonged frequent or multiple hospitalizations ☐ 10
- Non or few support systems ☐ 10
- Poor living skills (as measured by LSP) ☐ 10

Requiring intensive case management because of:

- | | | |
|--|--------------------------|---|
| • Inability to independently access community services | <input type="checkbox"/> | 2 |
| • Lack of insight | <input type="checkbox"/> | 2 |
| • Lack of motivation | <input type="checkbox"/> | 2 |
| • Inability to organize him/herself | <input type="checkbox"/> | 2 |
| • Willing to work with RAFT | <input type="checkbox"/> | 2 |

To be considered by the RAFT, a score of 16 out of 40 points needs to be attained

Other relevant information for consideration:

- **CTO, CCO**
Accommodation issues
- **Support issues**
- **Nutrition**
- **Substance abuse**
- **Recent review by either Psychiatrist, GP or other medical officer**

Comments:

DRAFT
CENTRAL COAST HEALTH. RAFT.

This assessment should be completed and feedback given to Referee within 2 weeks of receiving the referral.

Age: _____

Date of referral: _____

Interviewed by: _____

1. Do you know what the RAFT team does?
(If the client says NO or is UNSURE. Please give a brief explanation of what we do)

ACCOMMODATION (What type of accommodation if any)

Are you happy with your present living situation?

If NO, where would you prefer to live and why?

Assessors notes:-

BUDGET

Do you have control of your own finances? If no who has?

2. Is the Protective Office involved with managing?

3. Are you able to manage your money eg. Rent, groceries, bills, savings

Assessors notes:-

DAILY LIVING ACTIVITIES

1. What time of day do you get up?

2. Do you find it difficult to get up in the morning?

3. Do you do your own grocery shopping?

4. Do you do your own cooking?

If YES, what sort of meals do you prepare for yourself ?

If NO, how do you manage to eat? Does someone else do the cooking for you? Who?

5. How often do you shower, shampoo and shave etc.?

6. Would you consider this adequate?

7. Do you do your own laundry?

If NO, how does your laundry get done?

If YES, do you use a machine or do hand washing?

8. Do you have problems cleaning at your home?

Assessors notes:-

■

EMPLOYMENT

1. Have you ever had paid employment?
2. What type of work/ trade was it?
3. Are you on a disability pension?
4. Are you interested in vocational training

MEDICAL/PSYCHIATRY

1. Do you have any medical or physical difficulties?
2. Do you know what happens when you become unwell?
(early warning signs)

If YES, please elaborate, what sort of things happen for you?

3. Who supports you when you are unwell?
4. Do you see any members of your family regularly? If so, who and how often?
5. What is your current medication?

6. Do you understand what your medications are for and how they work?

If NO, do you think it would be helpful for you to understand more about your medication?

7. Do you see a GP regularly? If so, who, and are they aware of your illness?

8. What is your daily intake of the following:

Caffeine

Alcohol

Nicotine

Other

INTERPERSONAL

1. Are you able to make friends easily?

If YES, what is it about you that makes making friends easy?

If NO, what do you think makes it hard for you to make friends?

2. What do you do with your time? Interests?

3. How do you think your illness has impacted in your life?

4. What are your goals in life at present?

5. How do you think RAFT can help you?

7. Would you like to ask me any questions?

Thank you for your time
Please explain what happens from here.

- Poor compliance with mental health aftercare services
- High relapse and/or re-admission rate
- Behaviour infrequently cited as disturbing to others
- Dysfunctional budgeting skills and/or very poor living skills
- Unsatisfactory access of normal community entitlements
- Requiring an ongoing service (i.e medication support) beyond what can be reasonably provide by Acute care service or requiring a service by its regularity and/or time requirement is beyond what can be resonably provided by a community case manager

RECOMMENDATIONS

Is this person suitable for:

- ☐ Specific intervention

- ☐ Short term RAFT Case Management
Please outline identified area of need

- ☐ RAFT Case Manager
Please outline identified areas of need

- ☐ Case Co-ordination (i.e RAFT assisting Case Manager)
Please outline identified areas of need

- ☐ Not suitable?
WHY?

Appendix F: Letters of Eligibility and Ineligibility



The Richmond Fellowship
of NSW receives funding from:

- NSW Department of Health
- NSW Department of Ageing, Disability & Homecare

Head Office
Suite 36 11 Underwood Road
Homebush NSW 2140
☎ 02 9701 3600 ☎ 02 9701 3635
✉ headoffice@rfnsw.org.au
PO Box 3161 Strathfield North 2137
www.rfnsw.org.au
ABN 94 001 341 493

Central Sydney Area
☎ 02 9701 3660 ☎ 02 9701 3665
✉ csoffice@rfnsw.org.au

WestWest Area
☎ 02 9701 3670 ☎ 02 9701 3680
✉ wentwest@rfnsw.org.au

Rural Area
☎ 02 9701 3690 ☎ 02 9701 3695
✉ rfrural@rfnsw.org.au

Hunter Area
Suite 2 122 Garden Grove Parade
Adamstown Heights NSW 2289
☎ 02 4952 3244 ☎ 02 4952 3944
✉ hunter@rfnsw.org.au

Authority to fund raise for
charitable purposes CFN 12622
Donations over \$2 are tax deductible

The Richmond Fellowship
a community organisation providing supported accommodation for people with mental illness **OF NEW SOUTH WALES**

Client Ref:
24 November 2004

Dear _____

Re: Referral to the Rural HASI Program

Thank you for referring _____ to the Housing and Accommodation Support Initiative (HASI) program.

After reviewing the referral, the Selection Committee has entered _____ onto the Register of Applicants' eligibility list.

Can you please now complete the Department of Housing's 'Housing Register Application Form' and the 'Priority Housing Application Form' and forward these to the Department of Housing office that is located in the applicants preferred housing location. Completion of the forms is essential to ensure suitable and appropriate accommodation can be located as soon as possible.

A Richmond Fellowship staff member will be contacting you to arrange a suitable time to meet with _____ to conduct an assessment. You will be contacted when a suitable vacancy becomes available.

Please find enclosed copy of this letter for _____ . Kindly forward this to _____ for her information.

If you require any further information please contact The Richmond Fellowship on 02 9701 3690.

Yours sincerely,

Julie Snape
Area Manager - Rural



The Richmond Fellowship
of NSW receives funding from:

- NSW Department of Health
- NSW Department of Ageing,
Disability & Homecare

The Richmond Fellowship
OF NEW SOUTH WALES
a community organisation providing
supported accommodation for people
with mental illness

Head Office
Suite 36 11 Underwood Road
Homebush NSW 2140
☎ 02 9701 3600 ☎ 02 9701 3635
✉ headoffice@rfnsw.org.au
PO Box 3161 Strathfield North 2137
www.rfnsw.org.au
ABN 94 001 341 493

Central Sydney Area
☎ 02 9701 3660 ☎ 02 9701 3665
✉ csoffice@rfnsw.org.au

WestWest Area
☎ 02 9701 3670 ☎ 02 9701 3680
✉ wentwest@rfnsw.org.au

Rural Area
☎ 02 9701 3690 ☎ 02 9701 3695
✉ rfural@rfnsw.org.au

Hunter Area
Suite 2 122 Garden Grove Parade
Adamstown Heights NSW 2289
☎ 02 4952 3244 ☎ 02 4952 3944
✉ hunter@rfnsw.org.au

Authority to fund raise for
charitable purposes CFN 12622
Donations over \$2 are tax deductible

Client Ref:

23 November 2004

Dear _____,

Re: _____
Referral to the Rural HASI Program

I am writing to inform you that the Greater Murray Housing and Accommodation Support Initiative (HASI) Selection Committee has determined that _____ is ineligible for the HASI program. The reason for this decision is:

Please find attached a copy of the Appeals process for your information.
If the applicant's circumstances change, the Selection Committee would welcome a further application.

Also, please find enclosed copy of this letter for _____. Kindly forward this to _____ for his information.

Yours sincerely,

Julie Snape
Area Manager-Rural Area

HASI Program Appeal Process

**The Housing & Accommodation Support Initiative (HASI)
Selection Committee Appeals Process**

The Selection Committee will follow the guidelines as set out in the Housing and Accommodation Support Initiative (HASI) Manual when determining eligibility of all applicants. If the applicant is not accepted into the HASI program, the Richmond Fellowship will advise the referrer/applicant in writing of the reasons for the decision and inform the referrer/applicant of the appeals procedure.

Should an applicant's circumstances change significantly after the application was deemed ineligible, a new referral may be submitted to the Selection Committee. The new referral will be processed in the normal manner.

Reasons for Appeal

Referrers and applicants can appeal the Selection Committee's decision not to accept the application as the applicant does not meet the criteria for the HASI program.

Procedure for Appeals

The Referrer/applicant has two weeks, after receipt of the letter, in which to lodge an appeal regarding the above decisions.

All appeals are to be forwarded to:

*Rural Area Manager Richmond Fellowship of NSW
PO Box 3161 North Strathfield NSW 2137*

A special meeting of the Selection committee will be held within one week of receipt of the appeal.

Conflict of Interest

The Selection Committee ensures that no members have a conflict of interest regarding the appeal. If the Housing Provider representative on the Selection Committee is the Housing Provider that is not accepting the applicant, then another Housing Provider should be appointed to the Committee for the Appeals Process. Similarly, it may not be appropriate for the Accommodation Support Service to be represented by its staff. The remaining members of the Selection Committee may choose to invite an independent person to join the Committee to hear the appeal.

The Selection Committee reviews all relevant documentation including:

- all correspondence to and from the referrer, applicant and/or their advocate on matters pertaining to the appeal
- the original application
- the report on the interview
- details of all properties shown to the applicant
- any other written reports from the Richmond Fellowship or Housing Provider.

HASI Program Appeal Process

If the Selection Committee feels that the documentation is insufficient for members to reach an informed decision then the Selection Committee can reconvene within one week pending the submission of further documentation or the attendance of the referrer, client and/or advocate or the Housing Provider at the reconvened meeting.

Appeal Decisions

The Selection Committee can decide to:

- uphold the original decision. In these situations the Selection Committee will write directly to the referrer/applicant informing them of the outcome and the reasons for the Committee's decision and further appeals processes.
- over-ride the original decision and place the applicant on the Register of Applicants. If another applicant has taken the available place in the meantime, the applicant will be offered the next suitable vacancy

After the appeal has been reviewed the decision of the Selection Committee is final.

Advice on the Interview Outcome

The Richmond Fellowship, on behalf of the Selection Committee, will inform the referrer/applicant in writing within 2 weeks of the outcome.

Appeals to NSW Department of Health

Eligible applicants also have the right to appeal to the NSW Department of Health about the services provided by Area Mental Health Services.

Appeals to the NSW Department of Health can be made via the Area Director, Mental Health Services in each Area Health Service, ie Far West, Greater Murray and New England Area Mental Health Services.

The HASI Placement Committee

Dear

Thank you for your referral to the Central Coast Housing and Support Initiative (HASI).

As you are aware your suitability for your placement into this program has been assessed and I am pleased to advise that you have been accepted into the program.

Unfortunately at this stage the program has a waiting list which your name has been placed on.

The committee has found that your needs require you to receive a high/medium support package.

We will contact you to advise you of a vacancy as soon as one becomes available for you on the contact details that you have provided us. Should your contact details change in any way whilst you are awaiting the program or you find you no longer require the program please contact us at New horizons on 4353 1200. You can also contact us on the above number should you have any questions regarding the program.

Kind Regards

For the Central Coast HASI Placement Committee

Raichel Green
Community Support Manager
CCAHS

Dear

Thank you for referring XXX to the Supported Accommodation Packages on the Central Coast.
Your referral has been assessed by a case manager from New Horizons and Central Coast health and has been presented to the projects placement committee for consideration. Unfortunately your referral to the program was not accepted as,

- The client referred was assessed as requiring a higher level of support than is provided via the packages eg 24-hour group home supervision.
- The client has not been stabilised on their medication regime/the client is currently experiencing an acute episode of illness.
- The client refused to accept disability support services offered.
- The client was assessed as requiring a lower level of disability support than is offered via the packages.
- The client has since moved out of area.
- The client does not have a primary diagnosis of mental illness.
- The client's age is outside the eligible age for the program (16-65 years)
- Other –

At this time your referral information will be archived. If your client's circumstances change please contact New Horizons so that your referral can be reactivated.

Should you wish to appeal this decision you have 1 week to lodge a written appeal with the placement committee. Please address all appeals to:

The coordinator
New Horizons
Suite 6, 86 Pacific Hwy
Tuggerah
NSW 2259.

Regards

Raichel Green
On behalf of the Central Coast Placement Committee
Supported Accommodation Packages.

Appendix G: Letters of Acceptance sent to Housing Provider



The Richmond Fellowship
of NSW receives funding from:

- Ⓢ NSW Department of Health
- Ⓢ NSW Department of Ageing,
Disability & Homecare

11 November 2004

Head Office
Suite 36 11 Underwood Road
Homebush NSW 2140
☎ 02 9701 3600 ☎ 02 9701 3635
✉ headoffice@rfnsw.org.au
PO Box 3161 Strathfield North 2137
www.rfnsw.org.au
ABN 94 001 341 493

Department of Housing
PO Box 594
Tamworth NSW 2340

Dear _____

Please be advised that _____ has been accepted into the Housing Accommodation Support Initiative (HASI) program in New England. As per the terms of the HASI Service Agreement, can you please consider _____ for priority housing.

I have requested the referrer to complete and forward to you the "Housing Register Application Form" and "Priority Housing Application Form".

Thank you in advance.

Yours Sincerely,

Julie Snape
Area Manager- Rural

Central Sydney Area
☎ 02 9701 3660 ☎ 02 9701 3665
✉ csoffice@rfnsw.org.au

WestWest Area
☎ 02 9701 3670 ☎ 02 9701 3680
✉ wentwest@rfnsw.org.au

Rural Area
☎ 02 9701 3690 ☎ 02 9701 3695
✉ rrural@rfnsw.org.au

Hunter Area
Suite 2 122 Garden Grove Parade
Adamstown Heights NSW 2289
☎ 02 4952 3244 ☎ 02 4952 3944
✉ hunter@rfnsw.org.au

Authority to fund raise for
charitable purposes CFN 12622
Donations over \$2 are tax deductible

1 November 2004

Mr. Jeff Mills
Department of Housing
PO Box 594
Tamworth NSW 2340

Dear Jeff,

Please be advised that _____ has been accepted into the Housing Accommodation Support Initiative (HASI) program in New England. As per the terms of the HASI Service Agreement, can you please consider _____ for priority housing.

I have requested the referrer to complete and forward to you the "Housing Register Application Form" and "Priority Housing Application Form".

Thank you in advance.

Yours Sincerely,

Julie Snape
Area Manager- Rural

Appendix H: Application for Tenancy Forms

Housing Register Application

NSW DEPARTMENT OF



Application form & Notes

For people who want to
apply for wait-turn
public housing

Please REMOVE this Notes
booklet and read it before
you complete the form.

If you need more information, please call
your local Department of Housing Office

NSW Department of Housing



DH.3001-09/02

About your application:

Fill in this form to apply for **Wait-Turn Housing**.

Please refer to the **Public Housing Fact Sheet** for information about this type of Assistance.

Please complete the form in **BLOCK CAPITAL** letters and reply to all questions to make sure that your application is properly assessed.

If you require help to fill out this form please ask a staff member at the counter to assist you.

Your application will be assessed on the basis of the information you provide, so before you fill in this form, please read it carefully.

You must provide certain documents with your application - see **Documents you must provide** (on this page).

Photocopies are acceptable, however originals must be shown to staff.

Department of Housing Housing Register Application

Documents you must provide

1. Proof of Identity

Provide any TWO from the list below for each person over 18 years listed on your application:

- ☐ Birth certificate
- ☐ Marriage certificate
- ☐ A current passport
- ☐ Medicare card
- ☐ Department of Corrective Services Release Card
- ☐ Motor vehicle driver's licence
- ☐ Identification by a person acceptable to the Department (such as a representative of the Department of Community Services, Centrelink or other welfare agency, but not Department of Housing employees).

1

2. Proof of Citizenship/Residency

Provide ONE from this list for each person over 18 years listed on your application:

- ☐ Birth certificate
- ☐ A current Australian passport
- ☐ A current passport if not an Australian citizen
- ☐ Citizenship certificate/papers

2

3. Proof of income

Provide ANY from this list which apply to each person over 18 years listed on your application:

- ☐ If in receipt of a Centrelink income - A current income statement from Centrelink stating the type of benefit and amount (or signed ICS consent on page 19 of this form)
- ☐ If a wage or salary earner (full time, part time, casual earnings) - have your employer complete Form B (on page 21 of this form)
- ☐ If self employed - A Profit and Loss Statement

3

4. Proof of Current Assets

Provide for each person over 18 years listed on the application:

- ☐ A savings bank pass book, bank statements for the last four weeks for an account which is used regularly (or current ATM balance receipt)
- ☐ Records of any cash, shares or term deposits
- ☐ Proof of assets (e.g. share certificates, market valuation of any property owned by any member of the household)

4

5. Other Supporting Documentation -

Supporting documentation is important to help us assess your application

- ☐ Completed Medical Assessment form - If you answer "yes" to any questions relating to general health and medical conditions for anyone listed on the application
- ☐ Aboriginal Housing Office Declaration form - If you answer "yes" to question 9 relating to you or anyone listed on the application
- ☐ Letters or reports from support workers, medical specialists, occupational therapists, health care providers
- ☐ Letters or reports from Child Support Agency, the Department of Community Services, Police, Justice System official, papers related to Court matters (e.g. AVO) - To support requests for any additional or special housing requirements.

5

Housing Register Application

Please complete this form in **BLOCK CAPITAL** letters and reply to all questions to ensure that your application is properly assessed. (If you require help to fill out this form, please ask a staff member at the counter to assist you.)

DETAILS OF MAIN APPLICANT

<p>Mr / Mrs / Ms / Miss <input style="width: 100%;" type="text"/></p> <p>Sex: Male Female <input type="checkbox"/> <input type="checkbox"/></p> <p>CRN No: <input style="width: 100%;" type="text"/></p> <p>Current residential address: <input style="width: 100%;" type="text"/></p> <p>Contact telephone numbers: <input style="width: 100%;" type="text"/></p> <p>What is your current contact/mailling address (if different from address above)? <input style="width: 100%;" type="text"/></p>	<p>Last name or family name <input style="width: 100%;" type="text"/></p> <p>First or given name(s) <input style="width: 100%;" type="text"/></p> <p>Date of birth: <input style="width: 100%;" type="text"/></p> <p>Your Centrelink Customer Reference Number (if you have one): <input style="width: 100%;" type="text"/></p> <p>Unit/flat/house number Street <input style="width: 100%;" type="text"/></p> <p>Suburb Postcode <input style="width: 100%;" type="text"/></p> <p>(CC3) (CC30)</p> <p>Postcode: <input style="width: 100%;" type="text"/></p>
<p>1 Do you require an interpreter to help you complete this form?</p>	<p>No <input type="checkbox"/> Go to next question</p> <p>Yes <input type="checkbox"/> What language? <input style="width: 100%;" type="text"/></p> <p><small>(If you require help to fill out this form, please ask a staff member at the counter to assist you.)</small></p>

<p>2 Are the reasons you are seeking assistance too sensitive to write on this form?</p>	<p>No <input type="checkbox"/> Go to next question</p> <p>Yes <input type="checkbox"/> Please see a Client Service Officer before completing any more of this form. You can ask to see a male or female officer.</p>
---	--

Office Use Only Section

<p>Date Issued: <input style="width: 100%;" type="text"/></p> <p>Date Received: <input style="width: 100%;" type="text"/></p> <p>Date Entered: <input style="width: 100%;" type="text"/></p> <p>Contact details for Support Worker/Advocate: <input style="width: 100%;" type="text"/></p>	<p>Office Use Only: <input style="width: 100%;" type="text"/></p> <p>Signature: <input style="width: 100%;" type="text"/></p> <p>Stamp: <input style="width: 100%;" type="text"/></p> <p>Contact and phone: <input style="width: 100%;" type="text"/></p>
--	---

GENERAL INFORMATION	
3 Have you or anyone on this application previously applied for public housing in NSW or assistance with Rentstart (i.e. bond, advance rent, etc.)?	No <input type="checkbox"/> Go to next question Yes <input type="checkbox"/> Give details: In what name was it applied in? _____ File Number (if known) _____
4 Were you or anyone on this application previously housed by the Department of Housing?	No <input type="checkbox"/> Go to next question Yes <input type="checkbox"/> Give details: Name of person previously housed _____ Address of property rented from Dept. of Housing _____ _____ Postcode _____
5 Were you or anyone on this application previously known to the Department of Housing by another name?	No <input type="checkbox"/> Go to next question Yes <input type="checkbox"/> Give details: Previous name(s): _____ Current name: _____ _____
6 Is anyone on this application an employee of the Department of Housing?	No <input type="checkbox"/> Go to next question Yes <input type="checkbox"/> Give details: (Please print) Full Name of person(s) _____ 1. _____ 2. _____
7 What is the main language you speak at home?	English <input type="checkbox"/> Go to next question Other <input type="checkbox"/> What language? _____
8 In what country were you born?	_____
9 Are you of Aboriginal or Torres Strait Islander origin? (If you are of both Aboriginal and Torres Strait Islander origin, tick both "yes" boxes.)	No <input type="checkbox"/> Yes <input type="checkbox"/> Aboriginal Yes <input type="checkbox"/> Torres Strait Islander
10 Do you wish to be considered for an Aboriginal Housing Office Property?	No <input type="checkbox"/> Go to next question Yes <input type="checkbox"/> Please ask staff for an Aboriginal Housing Office Declaration form.
Note: This question only applies if you or a household member is Aboriginal or Torres Strait Islander	
If you answered YES to this question, attach completed Aboriginal Housing Office Declaration form. You can get this from your local Department of Housing Office.	

11. What is your current citizenship?

Tick One Only

☐ Australian Citizen
(Australian-Born or obtained citizenship) **Go to Question 13**

☐ Other **Go to next question**

Attach copies of Birth certificate, passport, Citizenship certificate papers.

12. What is your current residency status/Visa category?

Tick all that apply

☐ Permanent Residency

☐ Sponsored Migrant

☐ Refugee Status

☐ Asylum Seeker

Attach copy of Visa papers.

(IP 48)

13. What is your regular income before tax (either fortnightly or weekly)?
(Include pension payments, allowances, child support payments, wages or any other income you receive regularly)

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

Note:

- If you are currently receiving a Centrelink benefit you may choose to complete the Income Confirmation Scheme (ICS) Consent Authority on page 19 of this form.
- If you are currently employed you will need to have your employer complete a wages and salaries form "FORM B" (attached on page 21 of this application form.)
- If you are self-employed you will need to provide a profit & loss statement.

Attach proof of income (as above).

(IP 1629)

14. Do you receive any additional income?
(e.g. casual earnings, etc.)

No ☐ **Go to next question**

Yes ☐ **Give details of additional income:**

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

Attach proof of additional income.

(IP 35&40)

15. What is the total amount of cash, shares, term deposits or other assets you have in the bank?

Type of Asset	Total Amount
	\$
	\$
	\$

Attach proof of assets
(for example, copy of bank statements, share certificates).

(IP 41)

16 Do you have any compulsory deductions made from your income?
(For example child support etc.)

How is it paid? (Tick one only)

No ☐ **Go to next question**
Yes ☐ **Give details:**

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

☐ Through Child Support Agency ☐ Direct to custodial parent

Attach proof of deductions
(for example, letter from Child Support Agency).

(IP 42&43)

17 Do you or anyone on this application own (or part own) any residential property or a commercial/business property?
(Include any property overseas)

No ☐ **Go to Question 19**
Yes ☐ **Give details:**

Name of owner(s)	Address of residential/commercial property
	Postcode

Value of property \$ Amount owing (if mortgaged) \$

Income derived from property (if any):

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

Attach completed Property Ownership form which can be obtained from your local Department of Housing office.

(CC45)

18 If you (or anyone on this application) own a residential property, why can't you live in it?

(CC 46)

19 Do you have a disability or medical condition that affects your need for housing?

No ☐ **Go to Question 21**
Yes ☐ **Tick ALL that apply below:**

Kidney failure <input type="checkbox"/> KFAIL	Wheelchair user <input type="checkbox"/> WCHR
Hearing impairment <input type="checkbox"/> HIMP	Mental health issues <input type="checkbox"/> MHI
Developmental delay <input type="checkbox"/> DD	Visual impairment <input type="checkbox"/> VIMP
Physical disability <input type="checkbox"/> PHYD	Other medical condition <input type="checkbox"/> (MCON)




Give details:

(IP 53)

20 Do any of the conditions above stop you from living independently?

No ☐ **Go to next question**
Yes ☐ **Give details:**

Page 6

21 Is any person on the application expecting a baby?	No <input type="checkbox"/> Go to next question Yes <input type="checkbox"/> Give details: Name of expectant mother: <input type="text"/> Expected date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <div style="border: 1px dashed black; padding: 5px;">  If you ticked YES, attach a letter from your doctor confirming the pregnancy and expected date of birth or ante natal clinic book. </div>
CURRENT HOUSING CIRCUMSTANCES	
22 What is the total weekly rent you and the other people on this application pay now? (Do not include rent paid by people who are not listed on this application form)	\$ <input type="text"/> (CC 33) Who are you renting this property from? Tick one only <input type="checkbox"/> Private Landlord / Real Estate Agent <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Community Housing provider (name of provider): <input type="text"/> <input type="checkbox"/> Other (please state): <input type="text"/>
23 How many bedrooms do you and the other people on the application currently occupy? (do not include lounge room or dining room)	<input type="text"/> (CC 270)
24 Does anyone on this application have a car?	No <input type="checkbox"/> Yes <input type="checkbox"/> (HR 22)
LOCATION	
25 What is the name of the Allocation Zone you wish to be housed in?	<div style="border: 1px solid black; padding: 5px;">  Note: YOU CANNOT SELECT A SPECIFIC SUBURB. You need to tell the Department where you would prefer to live, by choosing ONE allocation zone from the lists on the Fact Sheets provided with this form. </div> Zone Number: <input type="text"/> Zone Name: <input type="text"/> Example: WS3 Blacktown (HR 4)
YOUR HOUSING REQUIREMENTS	
26 Would you be willing to accept a bedsitter unit? (A unit with combined bedroom and lounge room)	No <input type="checkbox"/> Yes <input type="checkbox"/> (HR 12)
27 Would you be willing to accept a high rise apartment unit? (A unit with access via a lift.)	No <input type="checkbox"/> Yes <input type="checkbox"/> (HR 13)
28 Is it essential that anyone on this application has ground floor accommodation?	No <input type="checkbox"/> Go to next question Yes <input type="checkbox"/> Give details: Full name of person: <input type="text"/> (HR 15)
<div style="border: 1px dashed black; padding: 5px;">  If you ticked YES, attach a Medical Assessment Form completed by your doctor and any other supporting documentation such as a letter from a specialist, occupational therapist, Home Care. </div>	

<p>29 Does anyone on this application need accommodation suitable for wheelchair access?</p>	<p>No <input type="checkbox"/> Go to next question</p> <p>Yes <input type="checkbox"/> Give details: Full name of person: _____</p> <p> If you ticked YES, attach a Medical Assessment Form completed by your doctor to support your answer.</p> <p style="text-align: right;">(HR 19)</p>
<p>30 Does anyone on this application have any special housing needs?</p> <p>This might include an extra bedroom or location near specific services due to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A medical condition or disability <input type="checkbox"/> Shared child custody or access visits from children <input type="checkbox"/> Taking a child out of care <input type="checkbox"/> Other special circumstances. 	<p>No <input type="checkbox"/> Go to next question</p> <p>Yes <input type="checkbox"/> Give details: Full name of person: _____</p> <p>Details of special housing requirements: _____</p> <p> If you ticked YES, attach a Medical Assessment Form completed by your doctor, or a letter from community leaders, your support worker or access letter from family court to support your answer.</p>
<p>31 Does anyone on this application have a problem climbing stairs?</p> <p> NOTE: There is a longer waiting time for properties with no steps because of the limited number of these properties.</p>	<p>No <input type="checkbox"/> Go to next question</p> <p>Yes <input type="checkbox"/> Give details: Full name of person: _____</p> <p>Tick the box showing the maximum number of stairs this person can cope with:</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6 or more</p> <p>Additional comments: _____</p> <p> If you ticked YES, attach a Medical Assessment Form completed by your doctor.</p> <p style="text-align: right;">(HR 16)</p>
<p>32 Does anyone on this application need accommodation which is adapted for disabilities now or within 6 months?</p> <p>(For example grab rails, level access, etc.)</p>	<p>No <input type="checkbox"/> Go to next question</p> <p>Yes <input type="checkbox"/> Give details: Full name of person: _____</p> <p>Details of modifications required: _____</p> <p> If you ticked YES, attach a Medical Assessment Form completed by your doctor and any other Documentation that supports your answer.</p> <p style="text-align: right;">(HR 16)</p>

ADDITIONAL PERSONS (OTHER HOUSEHOLD MEMBERS)

<p>33 Are there any additional people to be housed with you?</p> <p> NOTE: You must fill out an Additional Person Form for everyone who is to be housed with you and provide all requested details about them.</p>	<p>No <input type="checkbox"/> Go to Question 34 on page 15</p> <p>Yes <input type="checkbox"/> You must complete an Additional Person Form on next page:</p> <p><input type="checkbox"/> Please provide all necessary supporting documentation for all people on the application over the age of 18 years</p> <p><input type="checkbox"/> All additional persons over the age of 16 must sign the consent authority on their Additional Person Form to give you permission to collect their personal information</p> <p> If more than three additional people are to be housed with you, see a Client Service Officer for extra Additional Person Forms.</p>
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INTEREST IN COMMUNITY HOUSING

If you are eligible for Public Housing you may also be eligible for similar accommodation provided by a Community Housing organisation. In certain limited circumstances the Department of Housing may nominate (refer) Public Housing applicants to a Community Housing organisation for consideration of an offer of Community Housing accommodation. Applicants who do not express interest in Community Housing by ticking "yes" in Question 34 below will not be nominated. The question and Authority below tells us whether you are interested in being nominated.

34 Do you wish to be considered (or nomination) to a Community Housing organisation?

YOU ARE NOT APPLYING FOR COMMUNITY HOUSING BY ANSWERING "YES" TO THIS QUESTION AND SIGNING THE AUTHORITY.

No ☐
Yes ☐

Go to next question

Please read and sign the Authority below:



Note: IF YOU WANT TO APPLY FOR COMMUNITY HOUSING YOU STILL NEED TO APPLY SEPARATELY TO YOUR LOCAL COMMUNITY HOUSING ORGANISATION. To find out more about Community Housing and how to apply, ask for a Fact Sheet at your local office.

DO NOT Sign this Authority if you ticked "NO" to Question 34

Under Section 71 of the Housing Act 2001 and the Privacy and Personal Information Protection Act 1998, you need to give the Department of Housing permission to give your personal information to Community Housing organisations.

Under Section 26(2) of the Act you can authorise the Department to release your personal information for a specified purpose - in this case, nomination to a Community Housing provider.

Community Housing Direction and Authority

To the Department of Housing

In order to allow my application to be considered for an offer of Community Housing, I give the Department of Housing permission to:

1. Release to Community Housing provider/s personal information it has collected about me.
2. Release to Community Housing provider/s details about me which would normally breach section 19 of the Privacy and Personal Information Protection Act (the "Act"). This includes my ethnic or racial origin, and other matters, provided that it is for the purpose expressed in this Direction and Authority.
3. Not comply with the privacy principles contained in sections 10 and 18 of the Act provided that it is for the purpose expressed in this Direction and Authority.

This Direction and Authority will operate until I give the Department written notice that it is withdrawn.

Signed

Date

SUPPORT NEEDS	
<p>35 Are you receiving support from another person/agency/organisation?</p> <p>When assessing your application we may need to talk to your support worker, care giver or health professional.</p> <p>Only details which directly relate to your housing application will be discussed. Before we can speak to them we will need your permission.</p>	<p>No <input type="checkbox"/> Go to Question 38 on next page</p> <p>Yes <input type="checkbox"/> Give details:</p> <p>Name of person or agency/organisation:</p> <p>_____</p> <p>Type of support:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>36 Do you give your permission for the Department to contact this person to discuss details of your application?</p> <p>To give your permission please complete the consent form below.</p>	<p>No <input type="checkbox"/> Go to Question 38 on next page</p> <p>Yes <input type="checkbox"/> Please sign the Consent Form below</p>
PERMISSION TO CONTACT SUPPORT WORKER	
<p>37 DO NOT SIGN THIS AUTHORITY IF YOU TICKED "NO" TO QUESTION 35 OR 36 ABOVE.</p>	
<p>You do not have to sign this part of the form but it may help us to process your application if you do.</p> <p>You can withdraw your permission at any time by writing to the Department of Housing.</p>	<p>Name of Applicant _____ of _____</p> <p>Address of Applicant _____</p> <p>_____</p> <p>I give permission for the following agency to confirm/clarity information relevant to my housing application with the Director-General, Department of Housing, or Officers acting on behalf of the Director-General.</p> <p>Name of health professional/support worker/carer _____ of _____</p> <p>Name of Agency _____</p> <p>Address of Agency _____</p> <p>_____</p> <p>Postcode _____</p> <p>I agree that only details which directly relate to my public housing application can be discussed. The release of information from the above agency is for the sole purpose of clarifying issues in relation to my application for public housing and for no other purpose.</p> <p>Signature _____ Date _____</p> <p>OR / Guardian's Name _____ Guardian's Signature _____</p> <p>_____ Date _____</p>

Criteria Assessment		Office Use Only	
1. Citizenship	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Eligible or entry to Housing Register [] Yes [] No
2. NSW residency	<input type="checkbox"/> No <input type="checkbox"/> Yes		[] Yes [] No
3. Household Income	<input type="checkbox"/> No <input type="checkbox"/> Yes		[] Yes [] No
4. Sustain tenancy	<input type="checkbox"/> No <input type="checkbox"/> Yes		[] Yes [] No
5. Asset ownership	<input type="checkbox"/> No <input type="checkbox"/> Yes		[] Yes [] No

☒ Yes
☐ No

Acceptance Date for Housing Register (CCG)

Name of Client Service Officer (please print)

Signed

DECLARATIONS	
<p>39 Declaration by Applicant</p> <p>Under Section 71 of the Housing Act 2001 and the Privacy and Personal Information Protection Act 1998, you need to give the Department of Housing permission to use your personal information in order for your application to be processed.</p> <p>Under the Housing Act 2001 a fine of \$2,200 applies for making a false statement or representations. The Department may refuse further assistance or prosecute anyone who makes any wilfully false statements as a result of which they obtain accommodation, or financial benefit of any kind.</p>	<p>Please read and sign the consent below:</p> <p>Permission to the Department</p> <ol style="list-style-type: none"> 1. I give the Department of Housing permission to give personal information about me in order to process this application. 2. I also give the Department of Housing permission to collect personal information about me from any third party in order to process this application. <p>Declaration</p> <ul style="list-style-type: none"> ☒ I have understood the instructions given on this application form. ☒ I declare that the information provided in this form is correct to the best of my knowledge. ☒ I understand there are penalties for giving false or misleading information. <p>Full Name (please print):</p> <input type="text"/> <p>Signed:</p> <input type="text"/> <p>Date: <input type="text"/></p>
<p>40 Did another person help the applicant to fill out this form?</p>	<p>No <input type="checkbox"/> Go to next page</p> <p>Yes <input type="checkbox"/> That person should read and sign the declaration below:</p> <p>Declaration from person assisting or completing this application on behalf of the Applicant</p> <ul style="list-style-type: none"> ☒ I filled in this form on the basis of the information the applicant gave me. ☒ I have read out the form and the answers to the applicant who seemed to understand them. ☒ I understand there are penalties for giving false or misleading information. <p>Full Name (please print):</p> <input type="text"/> <p>Signed:</p> <input type="text"/> <p>Date: <input type="text"/></p>

DECLARATIONS	
<p>39 Declaration by Applicant</p> <p>Under Section 71 of the Housing Act 2001 and the Privacy and Personal Information Protection Act 1998, you need to give the Department of Housing permission to use your personal information in order for your application to be processed.</p> <p>Under the Housing Act 2001 a fine of \$2,200 applies for making a false statement or representations. The Department may refuse further assistance or prosecute anyone who makes any wilfully false statements as a result of which they obtain accommodation, or financial benefit of any kind.</p>	<p>Please read and sign the consent below:</p> <p><u>Permission to the Department</u></p> <ol style="list-style-type: none"> 1. I give the Department of Housing permission to give personal information about me in order to process this application. 2. I also give the Department of Housing permission to collect personal information about me from any third party in order to process this application. <p><u>Declaration</u></p> <ul style="list-style-type: none"> ☒ I have understood the instructions given on this application form. ☒ I declare that the information provided in this form is correct to the best of my knowledge. ☒ I understand there are penalties for giving false or misleading information. <p>Full Name (please print):</p> <input type="text"/> <p>Signed:</p> <input type="text"/> <p>Date: <input type="text"/></p>
<p>40 Did another person help the applicant to fill out this form?</p>	<p>No <input type="checkbox"/> Go to next page</p> <p>Yes <input type="checkbox"/> That person should read and sign the declaration below:</p> <p><u>Declaration from person assisting or completing this application on behalf of the Applicant</u></p> <ul style="list-style-type: none"> ☒ I filled in this form on the basis of the information the applicant gave me. ☒ I have read out the form and the answers to the applicant who seemed to understand them. ☒ I understand there are penalties for giving false or misleading information. <p>Full Name (please print):</p> <input type="text"/> <p>Signed:</p> <input type="text"/> <p>Date: <input type="text"/></p>

INCOME CONFIRMATION SCHEME AUTHORITY

Income Confirmation Scheme (ICS)

What is it?

- * If you receive Centrelink benefits, ICS will allow Centrelink to give us all your income details electronically.
- * We will use the information to assess your ongoing eligibility for public housing.

Why have it?

- * In order to process your application for wait-turn housing, we must check your income details.
- * ICS saves you having to go to a Centrelink Office to get those details yourself.

How do I participate?

- * To participate in ICS all you have to do is read and complete the permission form below. **Every member of your household who receives a Centrelink benefit and wishes to participate, must sign the box below.**

- * You can cancel your permission at any time by contacting your local Department of Housing Office (you cannot contact Centrelink about participating in ICS).
- * You don't have to participate in ICS, but it may save you a lot of time and effort if you do.

* For more information about ICS, please see the Fact Sheet on ICS.

PERMISSION STATEMENT

I give permission to the Department of Housing to get details about my income, assets and deductions from Centrelink. This permission is effective for the period I am a client with the Department of Housing. This permission will lapse when I stop being a client of the Department of Housing or I withdraw my permission to participate in the Income Confirmation Scheme.

Last Name or Family Name	First or Given Names	Date of Birth	Centrelink Customer Reference Number (CRN)	Signature	Date
					/ /
					/ /
					/ /
					/ /
					/ /
					/ /

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Privacy and Personal Information

- ✳ Your personal information is protected by law. The information you provide is needed to assess your eligibility for Wait-turn Housing.
- ✳ The Department of Housing will only use the information you provide for the purpose of processing your application. We may give some of your personal information to other agencies, if necessary, provided you have signed where indicated on this form to give us permission. If you do not give us your permission at Question 39 to use your personal information, we will not be able to process your application.
- ✳ Please read the Notice below which details how we will use your information.

Section 10 Notice

This is a notice under section 10 of the Privacy & Personal Information Protection Act, 1998 (the "Act"), which governs the use of personal information. The supply of the information by you is voluntary. If you cannot or do not wish to provide the information, the Department of Housing, which is the agency that holds your information, may be unable to process your application.

The intended recipients of your information include those involved in the administration of your housing application or tenancy or any others who may have an interest in considering your application or tenancy including where relevant the Aboriginal Housing Office, the Office of Community Housing or a community housing organisation, or Housing Appeals Committee, survey companies for the purpose of determining client satisfaction and related long term service enhancement.

Personal information of household members may be provided to the tenant to confirm it is correct. The Department may release personal information where it is permissible under law to relevant statutory bodies for purposes including child protection, health reasons, protection of the public revenue or law enforcement. You have a right of access to, and correction of, the information concerning yourself as outlined in the Act. If you have any questions about privacy, please contact your local office.

CHECKLIST

To ensure we can process your application quickly, please check the list below.

Before you return this form have you:

- ✳ Attached Additional Person Forms for everyone included on the application? ☐
- ✳ Included all relevant documents for everyone on the application over 16 years of age? ☐
- ✳ Ensured that everyone on the application over the age of 16 years has signed the consent on their Additional Person Form? ☐
- ✳ Attached recent copies of bank statements or bank books? ☐
- ✳ Attached copies of income statements OR signed the ICS consent to allow us to get this information for you? ☐
- ✳ Attached all other relevant documentation that supports your application for housing? ☐
- ✳ Signed all the relevant declaration and consent forms? ☐

NSW DEPARTMENT OF HOUSING

Form B (To be completed by the employer)

Income From Employment

- Do not use 'white out' on this form.
- Any changes must be initialised by the employer.

Name of worker

Home address of worker

Postcode

Employed by

Employment terminated on

Period of employment during the past 26 weeks

Pay period start

Pay period end

Gross (before tax) salary or wages as stated for the above period or Salary Sacrifice or Fringe Benefit

Amount of Salary Sacrifice per week

What is the Salary Sacrifice?

State the amount of monetary reimbursement for any travel expense claimed by the employee during the past 26 weeks from any

or Salary Sacrifice or Fringe Benefit

Current gross (before tax) weekly wage earnings of the worker is

Amount of Fringe Benefit per week

What is the Fringe Benefit?

Number of days lost without pay

Declare these details are correct

Employer's name

Contact phone number

Date

Employer's signature

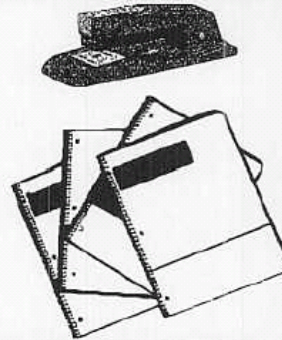
Company stamp or seal

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FORM B - 06/02

Staple Fact Sheets here:

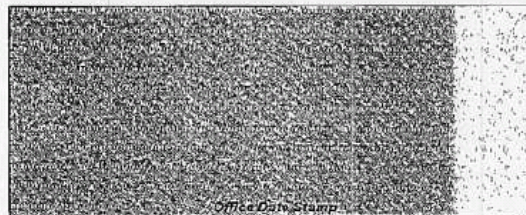
- ⌘ Applying for Public Housing
- ⌘ Suburbs by Allocation Zone (Metropolitan & Non-Metropolitan)
- ⌘ Income Confirmation Scheme
- ⌘ Community Housing is it for me
- ⌘ Applying for Community Housing
- ⌘ Applying for Public Housing when you are a former tenant



It is illegal for an officer of the Department to ask for money or favours or other benefits of any kind in exchange for helping you with your housing needs.

It is also illegal for you or anyone else to offer money or favours or other benefits of any kind to an officer of the Department in exchange for helping you.

If you have any Information regarding this, please contact the Department of Housing's Business Assurance Unit on 1800 806 206. The Department may refuse the provision of further housing services to anyone who has engaged or sought to engage in corrupt or illegal conduct.

Acknowledgment of Receipt of Application

A Housing Register application from _____

APPLICANT NAME

of _____ is hereby acknowledged.

ADDRESS

Office: _____

SIGNATURE OF RECEIVING OFFICER

Phone: _____

NAME OF RECEIVING OFFICER

DATE

PACIFIC LINK COMMUNITY HOUSING CHECKLIST

Your application for housing cannot be processed unless you provide the documents that have been ticked in the boxes in the DOCUMENTS REQUESTED column. The middle column APPLICANT CHECKLIST has been provided so that you can tick off as you check that you have them. These documents must be sighted by a Housing Officer who will photocopy where necessary and will complete the third column, P.L.C.H. CHECKLIST.

SUPPORTING DOCUMENTS Tick box if documentation provided	DOCUMENTS REQUESTED	APPLICANT CHECKLIST	P.L.C.H. CHECKLIST
Confirm on Dept. of Housing Wait List			
1. Reference Number	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Status	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Current Proof of Income			
3. If you receive Centrelink payments/benefits a current copy of your Centrelink Statement	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. If you work full time, part-time or casually, attach pay slips and relevant Centrelink Statements for the last 2 months.	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Proof of Identity			
5. Birth Certificate, drivers licence, Passport, pension card	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Proof of Citizenship or Permanent Residency [if born overseas]			
6. Citizenship certificate	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Passport and visa category	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Shared Custody of Children			
8. Part payment of Family Tax Benefit A+ B	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Letters from Court stating shared custody arrangements	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Proof of Medical Condition or Disability			
10. Letters from Doctors	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Occupational Therapist report if Modifications to property required	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Proof of Inability to Rent Affordable Accommodation			

12. Rent receipts	12	<input type="checkbox"/>	12	<input type="checkbox"/>	12	<input type="checkbox"/>
13. Arrears letters or Termination Notices	13	<input type="checkbox"/>	13	<input type="checkbox"/>	13	<input type="checkbox"/>
Other Relevant Supporting Documentation						
14. Requests for Assistance from Docs	14	<input type="checkbox"/>	14	<input type="checkbox"/>	14	<input type="checkbox"/>
15. Police reports, current AVO	15	<input type="checkbox"/>	15	<input type="checkbox"/>	15	<input type="checkbox"/>
16. Letters from support workers, health Professionals, advocates	16	<input type="checkbox"/>	16	<input type="checkbox"/>	16	<input type="checkbox"/>
Any Other Documentation Requested						
17.	17	<input type="checkbox"/>	17	<input type="checkbox"/>	17	<input type="checkbox"/>
Appropriate Contacts who will know your whereabouts						
18. Relative	18	<input type="checkbox"/>	18	<input type="checkbox"/>	18	<input type="checkbox"/>
19. Friend	19	<input type="checkbox"/>	19	<input type="checkbox"/>	19	<input type="checkbox"/>

Office Use Only :-

Documents Requested by:

Please Print Name

Date

Documents Checked

Please Print Name

Date

Comments

Signature

PACIFIC LINK COMMUNITY HOUSING LTD.

*****APPLICANTS PLEASE NOTE*****

policies state;

- 1) You will only be given two (2) offers of a property that will suit your needs as stated in your application.
- 2) Should you choose not to accept either of these properties that are offered, you will no longer be considered a priority as we offer housing to those considered most in need of affordable and secure housing according to our ranking policy.
- 3) You will be given two (2) days to accept the offer of a property.

Three (3) days after the acceptance of a property, you will be invited to sign a lease with Pacific Link.

- 5) At the time of signing your lease, you will be required to pay two (2) weeks market rent as a bond which we will send to the Rental Bond Board.
- 6) At the time of signing the lease you will also be required to pay two (2) weeks rebated rent. This is 25% of your assessed current income.

HOUSING ASSOCIATION APPLICATION FORM

Thank you for your inquiry about

Pacific Link Community Housing Association Ltd.

- Workers at **Pacific Link Community Housing Association Ltd.** can help you complete this form.
- Once you complete this form please give it to **Pacific Link Community Housing Association Ltd.** You will then be contacted by the housing associations that cover the areas where you want to live. They will then contact you to arrange for an interview, either in their office or over the phone.
- The information you provide on this form will be used to decide if you are eligible for housing and what type of housing you need.
- Please answer all the questions on this form unless they are optional.
- 'You' - means the main applicant (the person who signs the tenancy agreement).
- 'Household member' - means other people who will live in the same home as you.

Office use only

Application Number _____

Date received _____

Date activated _____

Do you need an interpreter?

☐ No☐ Yes☐ Written English☐ Spoken English

What language?

MAIN APPLICANT CONTACT DETAILS

What is your name?

Given name

Family name

Date of birth

Day

Month

Year

Sex

☐ Male☐ FemaleWhat are your phone numbers
(if any)?

Phone number (Day)

Phone number (Night)

Phone number (Mobile)

What is your contact
address?

Street

Suburb/Town

Postcode

Do you live at this address?

☐ No

Years

Months (If relevant)

☐ Yes - How long have you been living there?

WHERE DO YOU WANT TO LIVE?

Please look at the maps at the end of this form and think about the local government areas where you want to live.

You may choose more than one local government area.

The housing associations that cover the areas you choose will contact you to find out where you want to live within each area.

1. I want to live in the following local government areas:

2. I do not want to live in the following local government areas:

Optional question

CHOOSING YOUR HOUSING ASSOCIATION (Optional Questions)

3. Are there any housing associations in particular that you would like to be housed by?

4. Are there any housing associations you do not want to be housed by?

YOUR CONTACT PERSON (Optional Question)

5. Please provide the details of a contact person, in case we cannot contact you at your address, or you do not want your mail sent there.

Given name

Family name

What are their phone numbers?

Phone number (Day)

Phone number (Night)

Phone number (Mobile)

What is their address?

Street

Suburb/Town Postcode

WHO WILL BE HOUSED WITH YOU?				
You (Main Applicant)	Additional Household Member 1	Additional Household Member 2	Additional Household Member 3	
Given Name				
Family Name				
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the person's first language English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does this person have a parent who was <u>not</u> born in Australia AND has a first language that is <u>not</u> English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

① If you ticked 'Yes' you may be asked to confirm this by providing a written statement from an approved Aboriginal organisation. Please ask your housing association about their requirements.

Additional household member to complete:

12. I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my personal information by

Pacific Link Community Housing Association Ltd

in order to process this application.

Signed	Signed	Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Date	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

① Each additional person on the application who is over 16 years old must give their written permission for their personal details to be collected by the main applicant and disclosed by the housing association.

WHO WILL BE HOUSED WITH YOU? (CONTINUED)

① The following questions are important because they help housing associations to plan better services for applicants and tenants.

Given Name,

Family Name

Date of birth

Male or Female?

Joint tenant?

(Will this person also sign the tenancy agreement?)

Person's relationship to you?
(eg. partner, son, daughter, friend)

6. Country of Birth?

7. Is the person's first language English?

8. Does this person have a parent who was not born in Australia AND has a first language that is not English?

9. Is this person a migrant, refugee or asylum seeker, who arrived in Australia less than 2 years ago?

10. Is this person of Aboriginal descent?

11. Is this person of Torres Strait Islander descent?

① If you or a household member are of both Aboriginal AND Torres Strait Islander descent, please tick 'Yes' for Questions 10 and 11.

① If you ticked 'Yes' you may be asked to confirm this by providing a written statement from an approved Aboriginal organisation. Please ask your housing association about their requirements.

Additional household member to complete:

12. I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my personal information by

Pacific Link Community Housing

in order to process this application.

	Additional Household Member 4	Additional Household Member 5	Additional Household Member 6	Additional Household Member 7
Given Name,				
Family Name				
Date of birth				
Male or Female?	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Joint tenant? (Will this person also sign the tenancy agreement?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person's relationship to you? (eg. partner, son, daughter, friend)				
6. Country of Birth?				
7. Is the person's first language English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does this person have a parent who was <u>not</u> born in Australia AND has a first language that is <u>not</u> English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is this person a migrant, refugee or asylum seeker, who arrived in Australia less than 2 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is this person of Aboriginal descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is this person of Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional household member to complete:				
12. I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my personal information by	Signed	Signed	Signed	Signed
	Date	Date	Date	Date

① Each additional person on the application who is over 16 years old must give their written permission for their personal details to be collected by the main applicant and disclosed by the housing association.

YOUR ELIGIBILITY FOR COMMUNITY HOUSING

13. Have you applied for housing with the Department of Housing?

- ☐ No - Go to Question 20
☐ Yes - Please answer Questions 14 - 19

14. What was your application date?

15. What is your tenant ('T') number?

OR

Are you still waiting to be issued a 'T' number?

- ☐ Yes

① This information will be used to find out if your Department of Housing application is 'live'.

16. Did you complete a Priority Housing Application form?

- ☐ Yes ☐ No

17. When you applied for housing with the Department of Housing, did you answer 'Yes' to the question asking whether you would like to be considered for housing with a community housing provider?

- ☐ Yes ☐ No ☐ Unsure

18. What area did you apply for?

19. Which Department of Housing office did you apply through?

20. What is the regular, before-tax, (gross) income for your household?

① **Where does your money come from?** - This could include a pension from another country, interest from an investment, dividends from shares or income from a residential property or business.

② **How much money do you make?** - This means the total, before-tax, income each week or every 2 weeks (fortnight). If your income varies from week to week, for example if you have casual work, then divide your yearly income by 26 to get a 2 weekly income amount or by 52 to get a weekly amount.

YOU - MAIN APPLICANT

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly
<input type="checkbox"/> Wages/Salary		
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is:		
<input type="checkbox"/> Child support or maintenance		
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is)		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly
<input type="checkbox"/> Wages/Salary		
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is:		
<input type="checkbox"/> Child support or maintenance		
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is)		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly
<input type="checkbox"/> Wages/Salary		
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is:		
<input type="checkbox"/> Child support or maintenance		
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is)		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/>	<input type="checkbox"/> each week
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> 2 weekly	\$ <input type="text"/>
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is:		<input type="checkbox"/> each week
<input type="checkbox"/> Child support or maintenance		<input type="checkbox"/> 2 weekly
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is)		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/>	<input type="checkbox"/> each week
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> 2 weekly	\$ <input type="text"/>
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is:		<input type="checkbox"/> each week
<input type="checkbox"/> Child support or maintenance		<input type="checkbox"/> 2 weekly
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is)		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/>	<input type="checkbox"/> each week
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> 2 weekly	\$ <input type="text"/>
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is:		<input type="checkbox"/> each week
<input type="checkbox"/> Child support or maintenance		<input type="checkbox"/> 2 weekly
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is)		

21. Do you, or any household members, own (or part own) a residential property or a business property?
- ☐ No - Go Question 25
☐ Yes - Go to next Question

22. What is its value? \$

23. How much do you owe a financial institution, if mortgaged? \$

24. Why can't you or other household members live there?

25. Do you, or any household member, have cash, shares, term deposits or other assets in the bank valued over \$5000 per adult (over 18 years)?
- ☐ No - Go to Question 27
☐ Yes - Go to next Question

26. How much? \$

PREVIOUS SOCIAL HOUSING

27. Have you rejected an earlier offer of housing by a community housing provider or by the Department of Housing?
- ☐ No - Go to Question 29
☐ Yes - Go to next Question

28. Please write why you rejected the offer?

① The answer to this question will help your housing association know what type of property to offer you.

29. Have you lived in a Department of Housing property before?
- ☐ No - Go to Question 34
☐ Yes - Go to next Question

30. Which area did you live in?

31. Why did you leave?

32. Do you owe the Department of Housing any money for rent, damage or another debt?

① If you have a debt with the Department of Housing you will need to be paying it off to be eligible for community housing.

☐ No - Go to Question 34

☐ Yes - Please tick one of the following:

☐ Rent arrears

☐ Damage

☐ Other debt

33. If you are repaying a debt, how much are you repaying each fortnight?

Rent arrears \$

Damage \$

Other debt \$

34. Have you lived in a community housing property before?

☐ No - Go to Question 39

☐ Yes - Go to next Question

35. What organisation were you housed by?

36. Why did you leave?

37. Do you owe the community housing organisation any money for rent, damage or another debt?

① You may still be eligible for community housing if you have a debt with a community housing provider.

☐ No - Go to Question 39

☐ Yes - Please tick one of the following:

☐ Rent arrears

☐ Damage

☐ Other debt

38. If you are repaying a debt, how much are you repaying each fortnight?

Rent arrears \$

Damage \$

Other debt \$

YOUR CURRENT HOUSING AND SUPPORT NEEDS	
39. What type of housing are you living in?	<input type="checkbox"/> Private rental <input type="checkbox"/> Crisis accommodation (eg. a refuge) <input type="checkbox"/> Boarding house or hostel <input type="checkbox"/> Family or friends <input type="checkbox"/> Squat <input type="checkbox"/> Hospital or rehabilitation centre <input type="checkbox"/> Homeless, sleeping rough <input type="checkbox"/> Prison or Detention centre <input type="checkbox"/> Caravan <input type="checkbox"/> Own home (buying or building) <input type="checkbox"/> Housing supplied by work <input type="checkbox"/> Department of Housing/Public Housing/ Housing Commission <input type="checkbox"/> Community Housing <input type="checkbox"/> Other (please write what it is) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
① Please tick the relevant types.	
40. Please describe your current housing and how long you have been in this situation.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
41. What is your current rent (if any)?	\$ <input type="text"/> each week OR \$ <input type="text"/> 2 weekly
42. Does this include food and electricity?	<input type="checkbox"/> No - Go to Question 44 <input type="checkbox"/> Yes - Go to next Question
43. How much of your rent goes towards food and electricity?	\$ <input type="text"/>
44. If you have a current lease or residential tenancy agreement, when does it expire?	<input type="text"/>

45. Why are you leaving your current housing?

① Please tick all the boxes that apply to you and your household members.

② You may be asked to provide documents to help explain why you need to move, such as a letter from a doctor.

- ☐ My rent/board too expensive
- ☐ I am homeless or soon to be homeless (eg. squatting, leaving hospital or prison)
- ☐ I am leaving crisis accommodation
- ☐ I am escaping violence or threats of violence (eg. physical assault, sexual or emotional abuse, verbal threats of violence, I fear for my safety)
- ☐ I am being harassed, for example because of my sex, race, age, sexuality, religion or disability
- ☐ My housing is making my health worse
- ☐ My housing is unsuitable due to problems with physical mobility
- ☐ My housing is in an unsuitable location, eg. poor access to services, family or friends. Please write why the location is unsuitable:

- ☐ My housing is unsuitable for another reason. Please write why:

- ☐ My lease/residential tenancy agreement is about to expire
- ☐ I have received an eviction notice - Date:
- ☐ My family or household is separating
- ☐ My housing is in very poor condition or is dangerous
- ☐ My housing is overcrowded

- How many people live in your home?
 - How many bedrooms are there?

- ☐ Other reasons (please write what they are):

46. Do you or any members of your household have a disability?

① Please tick all the boxes that apply to you and your household members and write the person's name (or people's names).

- ☐ A physical disability, including a long-term illness that restricts everyday activities
 Person's name:

- ☐ Sight, hearing or speech problems
 Person's name:

- ☐ An intellectual disability (difficulty learning or understanding) where the person needs help or supervision
 Person's name:

- ☐ A mental illness where the person needs help or supervision
 Person's name:

- ☐ Other disability (Please write what it is)
 Person's name:

47. Please give as much detail as you can about your reasons for wanting or needing to move.

48. Are you able to live independently, without support?

- ☐ Yes
☐ No

WHAT TYPE OF HOUSING DO YOU NEED?

49. Are you or anyone in your household unable to climb stairs?

- ☐ Can climb stairs
☐ Can climb stairs but with difficulty
☐ Cannot climb stairs

50. Do you or any members of your household need:

- Wheelchair access? ☐ Yes ☐ No
Ground floor access? ☐ Yes ☐ No
Modifications such as hand rails? ☐ Yes ☐ No

51. If you answered 'Yes' in Question 50 please describe what modifications are needed.

52. What type of housing would you think about accepting?

- ☐ Unit ☐ Townhouse
☐ House ☐ I do not mind

① Please tick as many as you like. Not all housing associations offer all types of housing.

53. How many bedrooms do you feel you need?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

54. If the number of bedrooms selected includes a spare room, please explain why you need this extra room.

TRANSPORT AND PETS

55. Do you have your own car or motorbike?

☐ Yes ☐ No

56. Do you have any pets?

[illegible]

① Please write what they are.

57. Would you accept housing that does not allow pets?

☐ Yes ☐ No

ADDITIONAL INFORMATION

58. Is there anything you would like to add to help your application?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

GETTING HELP TO FILL IN THIS FORM

59. Have you had help filling in this form from a worker at a housing association office?

☐ Yes ☐ No

CONFLICT OF INTEREST

① You may already have a connection with someone associated with Pacific Link Community Housing Association Ltd. This does not mean they cannot house you, however it is important to declare any connection before being allocated housing.

60. Do you or any members of your household have a close connection, relationship or friendship with a staff or Board member of

☐ No

☐ Yes - Please write their name and relationship to you:

Person's name

Person's relationship to you

Pacific Link Community
Housing Association Ltd

PERMISSION TO PASS YOUR APPLICATION ON TO HOUSING ASSOCIATIONS IN THE AREAS WHERE YOU WANT TO LIVE

I give permission and authorise the NSW Federation of Housing Associations, or a NSW housing association, to give my application to the housing associations that cover the areas where I want to live, as shown in Question 1 on the application form.

Applicant Name

Applicant Signature

Date

Applicant Name - Joint Applicant

Applicant Signature - Joint Applicant

Date

PERMISSION TO COLLECT, RECEIVE AND GIVE INFORMATION ABOUT YOU FROM/TO ANOTHER ORGANISATION OR PERSON

① You have given personal information on this application form. This information will only be used by Pacific Link Community Housing Association Ltd to process your application for housing.

When assessing your application we may need to talk to your housing support worker, carer, health professional or the Department of Housing. Before we can speak to them we will need your permission. Only details which relate directly to your application for housing with Pacific Link Community Housing Association Ltd can be discussed.

If you change your mind and you no longer give permission for your personal information to be used or disclosed, then you can withdraw your permission at any time by writing to Pacific Link Community Housing Ltd. Your withdrawal will only take effect when Pacific Link Community Housing Ltd writes back to you confirming it received your letter.

If you do not give permission your application cannot be processed.

You have the right to look at your personal information and to make corrections, in accordance with the NSW Privacy and Personal Information Protection Act, 1998.

Permission to collect information about you from another person or organisation

I give permission and authorise Pacific Link Community Housing Association Ltd to collect personal information about me from a relevant person or organisation (including any support worker or health care professional), as long as the information is relevant to my application for housing with Pacific Link Community Housing Association Ltd.

I agree that Pacific Link Community Housing Association Ltd does not need to tell me each time it collects personal information about me.

Permission to give information about you to another person or organisation

I give permission and authorise Pacific Link Community Housing Association Ltd to give personal information about me to a relevant person or organisation (including any support worker or health care professional), as long as the information is relevant to my application for housing with Pacific Link Community Housing Association Ltd.

I agree that Pacific Link Community Housing Association Ltd does not need to tell me each time it gives personal information about me.

Permission for another person or organisation to give information about you

I give my permission and authorisation for relevant people or organisations to provide, confirm or clarify personal information about me, as long as the information is relevant to my application for housing with Pacific Link Community Housing Association Ltd.

In particular I give my permission and authorise the following people or organisations to provide, confirm or clarify personal information about me.

- NSW Department of Housing (the Department of Housing needs to be contacted to find out if you are eligible for housing).

① This could be your support worker, carer or doctor, for example.

• Name of person or organisation?

Phone number:

• Name of person or organisation?

Phone number:

• Name of person or organisation?

Phone number:

Permission and Declaration

have understood the instructions given on this application form.

I agree that the information provided on this form is correct, to the best of my knowledge.

I understand that there are penalties for giving false or misleading information.

I will inform Pacific Link Community Housing Association Ltd of any changes in my circumstances.

Applicant Name

Applicant Name - Joint Applicant

Applicant Signature

Applicant Signature - Joint Applicant

Date

Date

① Applicant to keep photocopy of completed application form

WENTWORTH AREA COMMUNITY HOUSING LTD

CONFIDENTIAL
APPLICATION FOR HOUSING

Please answer all the questions in as much detail as possible. What you say on this form will be used to make our first assessment of your application. Please attach or provide any supporting letters or documents that may assist your application.

Please remember to sign and date the declaration at the end of this form

1. YOUR DETAILS

MAIN APPLICANT	ADDITIONAL APPLICANT/PARTNER (if applicable)
Family name: _____	Family name: _____
Given name(s): _____	Given name(s): _____
ADDRESS _____	ADDRESS _____
Phone _____ Mobile _____	Phone _____ Mobile _____
DATE OF BIRTH _____	DATE OF BIRTH _____
SEX male <input type="checkbox"/> female <input type="checkbox"/>	SEX male <input type="checkbox"/> female <input type="checkbox"/>
CULTURAL IDENTITY What is your country of birth? _____	CULTURAL IDENTITY What is your country of birth? _____
What is your first language? _____	What is your first language? _____
Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you Aboriginal or a Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you Aboriginal or a Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>
If we are unable to contact you at this address or phone number, is there somewhere we can leave a message for you?	Relationship to main applicant? _____
Name _____	Will this person also sign the tenancy agreement and be a joint tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact phone number _____	

ELIGIBILITY FOR SOCIAL HOUSING	
Are you permanent residents or citizens of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied to the Department of Housing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide your 'T Number' _____ and the date you applied _____	
Have you been a tenant of this community housing organisation before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give the approximate dates _____	

2. OTHER PEOPLE WHO WILL BE HOUSED WITH YOU

Please list everyone else who will live with you if WACH is able to house you, even if they do not live with you now. Please tick the last column if they are NOT living with you now.

FULL NAME	SEX	DATE OF BIRTH	AGE	RELATIONSHIP TO YOU	✓

3. FINANCIAL INFORMATION

HOUSEHOLD INCOME

Please provide information below on your household's gross income. This is the income before tax. Please list all the members of your household who have an income, including yourself.

NAME	TYPE OF INCOME Eg Wage, benefit, pension, investments etc	AMOUNT EACH WEEK
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL GROSS HOUSEHOLD INCOME PER WEEK	\$

4. PREVIOUS SOCIAL HOUSING

Have you lived in a Department of Housing or Community Housing property before? Yes ☐ No ☐

Which area did you live in? _____ Who was your landlord? _____

Why did you leave? _____

Do you owe the Department of Housing any money for rent, damage or other debt? Yes ☐ No ☐
(If you have a debt with the DoH you will need to be paying it off to be eligible for Community Housing)

5. YOUR CURRENT HOUSING

What sort of housing do you live in now? Please tick the most appropriate answer.

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Housing | <input type="checkbox"/> Crisis accommodation/Refuge | <input type="checkbox"/> Staying with family/friends |
| <input type="checkbox"/> Department of Housing | <input type="checkbox"/> Prison/Detention Centre | <input type="checkbox"/> Homeless/sleeping rough |
| <input type="checkbox"/> Privately Rented Housing | <input type="checkbox"/> Boarding House/Hostel | <input type="checkbox"/> Caravan Park |
| <input type="checkbox"/> Owner Occupier | <input type="checkbox"/> Hospital/Rehab centre | <input type="checkbox"/> Other (please describe below) |

Please describe your current housing.

How long you have been in this situation? _____

How much rent do you pay (if any)? \$ _____ per week

Do you have a current lease? Yes ☐ No ☐ If so when does the lease finish? _____

Who is the owner or Real Estate Agent? _____

Please list your previous addresses for the past 2 years

Address	When	Owner/Agent

Why do you want or need to move? Please tick all the boxes that apply to you
(Where possible you will need to provide documentation to verify this eg Termination notice, GP letter, etc)

- | | | |
|--|---|---|
| <input type="checkbox"/> Rent/board is too expensive | <input type="checkbox"/> Escaping domestic violence | <input type="checkbox"/> Housing is overcrowded |
| <input type="checkbox"/> Homeless or soon to be homeless | <input type="checkbox"/> Racial/sexual harassment | <input type="checkbox"/> Family is separating |
| <input type="checkbox"/> Received an eviction notice | <input type="checkbox"/> Leaving crisis accommodation | <input type="checkbox"/> Housing is in poor condition |
| <input type="checkbox"/> Housing is unsuitable due to physical mobility problems | | <input type="checkbox"/> Housing making health worse |

Please give as much detail as you can about your reasons for wanting or needing to move

6. YOUR HOUSING NEEDS

How many bedrooms do you feel you need? Please circle one: 1 2 3 4 5

Please give a reason if the number of bedrooms needed includes a spare room, or separate bedrooms for children of the same sex and similar age

Which area would you prefer to live in, if you had a choice? Tick as many as you like.

No preference	Penrith	St Marys	Blue Mountains			Richmond	Windsor
			Upper	Mid	Lower		
	1	2	3	4	5	6	7

Please give a reason for your choice(s) _____

Are there any suburbs you are unable to live in? _____

If you are currently living outside the area why do you wish to move here? _____

7. SPECIAL NEEDS

Does anyone in your household have a disability or serious health problem? Please tick the relevant box

- ☐ A physical disability that restricts everyday activities
☐ Sight, hearing or speech problems
☐ An intellectual disability where the person needs help or supervision
☐ A mental illness where the person needs help or supervision
☐ Other disability
☐ Serious health problem

If you tick one of the above, please write the persons name and describe the condition _____

Are you or anyone in your household unable to climb stairs? ☐ Can climb stairs
☐ Can climb stairs but with difficulty
☐ Cannot climb stairs

Do you or any member of your household need: ☐ Wheelchair access
☐ Modifications such as handrails

Are you able to live independently, without support? Yes ☐ No ☐

Do you have a car? Yes ☐ No ☐

Do you have any pets? Yes ☐ No ☐ What sort? _____

8. OTHER INFORMATION

Does anyone included on your application have a relationship with a member of our management or staff?

Yes ☐ No ☐ Please give brief details _____

We like to know how applicants for housing find out about us. This helps us make sure that we are accessible to our local communities. How did you find out about community housing?

- ☐ From a community housing tenant
☐ From another service? Which one?
☐ From an applicant waiting to be housed
☐ Other Please describe
☐ From Department of Housing

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT SUPPORTS YOUR APPLICATION FOR HOUSING

To the best of my knowledge, the information I have provided on this form is true and correct. I give permission and authorise WACH to collect personal information about me from a relevant person or organisation (including DoH and any support worker or health care professional), as long as the information is relevant to my application for housing. I will inform WACH of any change in my circumstances.			
Main Applicant – Name		Additional applicant – Name	
Signature		Signature	
	Date		Date

Would you like a copy of this application? Yes ☐ No ☐

Please provide the following information with your application (where appropriate):

- Evidence of your "T" number with the Department of Housing – computer printout (we cannot process your application without this)

Proof of Income – Centrelink printout or wageslips

Proof of your current rent payments – copy of lease or rent receipts

If you are being evicted copies of Termination Notice and Tribunal Orders

If you are homeless, copies of documentation relating to previous tenancy – lease, NTQ, Tribunal Orders etc

If you are a victim of Domestic Violence or are suffering other harassment - supporting evidence from either the police, doctor, court, counsellor, support worker etc

- If you have a disability or suffer a debilitating or chronic medical condition - any supporting doctors certificates or medical reports and associated costs

If you are living in crisis accommodation or receive support from another service/ agency - any support letters from your support worker or counsellor

- If you are a newly arrived immigrant – evidence of refugee status

If you are living with family or friends who cannot provide long term accommodation – a statutory declaration signed by them outlining the reasons why you cannot stay with them

Any other information that you believe may assist your application for housing

IF YOU ARE STILL UNSURE AS TO WHAT INFORMATION WE REQUIRE PLEASE CONTACT ANY OF OUR OFFICES AND WE WILL BE MORE THAN HAPPY TO ASSIST.

Thank you for completing the form. Please return it to:
WENTWORTH AREA COMMUNITY HOUSING
PO BOX 4303, PENRITH PLAZA 2750
Suite 202, Level 2, 148 Henry Street, Penrith

OUR SERVICE COMMITMENT TO YOU

1. We will give you our initial assessment within 28 days
2. If you are dissatisfied with our service you have the right to make a complaint
3. If you disagree with a decision we make you have the right to appeal our decision

Wentworth Area Community Housing Ltd is a non-profit, affordable rental housing provider



Lease Application

Special Service for NEAMI

Date:

Surname:.....**First Name:**..

D.O.B...... **Sex** M F **No. of Children**....

Phone No:.....

Property:.....

Appointment to sign Lease.....

Bond: is paid by Tenant

Income per fortnight:.....**Centrelink Reference No:**.....

An income statement from centrepay needs to be provided by applicant prior to signing of lease documents.

Have you applied for Department of housing:..... **Date**

Your reference no at DOH:..

Other information:.....

Name of Support Worker:...

I agree to release the above information to Argyle Community Housing Ass.

Signature of Applicant:.....

Date:

OFFICE USE:

Tenant Code:

Property Code:

Appendix I: Individual Service Plans



**New Horizons Enterprises Limited
Central Coast Branch
H.A.S.I. Program
SUPPORT CONTRACT**

CLIENT DETAILS

Name: _____

Address: _____

D.O.B.: _____

Others to be housed at this address:

Name	Relationship	D.O.B.
_____	_____	_____
_____	_____	_____

TERMS AND CONDITIONS OF CONTRACT

1. The period of this contract shall be _____ commencing on _____ and ending on _____
2. New Horizons agrees to offer support while I remain a client of the HASI Program. Support of up to _____ hours per week will be coordinated by New Horizons during the period of this contract
3. Support Workers will use the time to assist me with the following tasks and activities:
 - > _____
 - > _____
 - > _____
 - > _____
4. In accepting this community housing, I agree to receiving support from New Horizons for the term of this contract
5. I agree that Support Workers employed and contracted by New Horizons shall have access to my property to assist me with the above tasks and activities
6. I agree to meet with the New Horizons HASI Coordinator at least once every three months to discuss, monitor and evaluate the support provided
7. If my support needs decrease or increase significantly so that I no longer fall into the target group for the initiative, I agree that my Care Coordinator can call a care conference with myself and or my advocate, New Horizons and Pacific Link to discuss arrangements for more suitable support or housing arrangements

NEW HORIZONS/CENTRAL COAST/HASI PROGRAM/STATIONERY/FORMS/SUPPORT CONTRACT/DRAFT/6/12/2004

8.

9.

4 days notice in writing of the intention to end this support

I, _____ confirm that the terms and conditions of this contract were individually read out and explained to me and that I fully understand them.

Signed _____ (HASI client) ____/____/____

Signed _____ (New Horizons) ____/____/____



New Horizons Enterprises Limited

HASI SUPPORT PLAN

Details:

Date of initial meeting:

Name of Initiative Client:

Address:

Telephone Number:

Name of Key Worker:

Present at Support Planning Meeting:

Name:

Name:

Address:

Contact Details:

Relationship to Client:

Name:

Address:

Contact Details:

Relationship to Client:

Name:

Address:

Contact Details:

Relationship to Client:

Service Providers Involved in Clients Life:

Name:

Agency:

Contact Details:

Role:

Name:

Agency:

Contact Details:

Role:

Name:

Agency:

Contact Details:

Role:

KEY SUPPORT AREAS

Client Identified Support Needs:

Staff Identified Support Needs (If different from above):

SUPPORT PLAN OBJECTIVES									
Objective 1:									
Task(s)									
Who is responsible?					Target Date:				
Objective 2:									
Task(s)									
Who is responsible?					Target Date:				
Objective 3:									
Task (s)									
Who is responsible? Target Date:									
Objective 4:									
Task(s)									
Who is responsible?					Target Date:				

Plan Review Due:

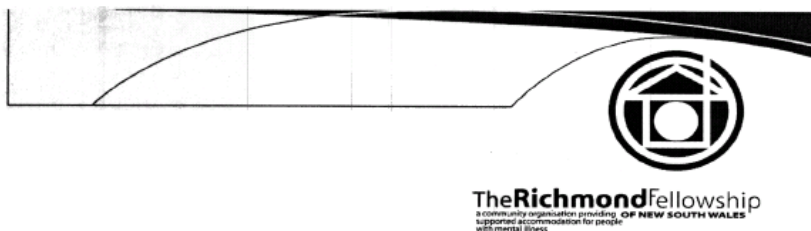
to be contacted the week before the review date to arrange
a suitable day and time.

I, , confirm that the objectives of my support plan have been explained to me and that
agree with them.

Signature:

Key Worker:

HASI Coordinator or designate:



Transition Plan for Mr.... as at 21/09/2004

Accommodation / Location

Mr.... has been accepted into the RFNSW/HASI program and is now living in a one-bedroom Department of Housing premises at _____. Mr.... is close to shops, medical facilities, public sporting fields and public transport.

Transport

.... is competent in his use of public transport eg, he is aware of bus stops and times. The bus stop can be located on Ziegler Avenue to the side of's flat. also has a bike that he uses when he does not have funds available to catch the bus.

Medical GP's Address / Pharmacist

Mr....'s General Practitioner is Dr..... and can be contacted on _____. collects his medication monthly from his Psychiatrist, Dr._____, at Community Mental Health. It is necessary for to have a blood test at Koorringal Mall Pathology the day before he sees Dr. _____ at the Clozaril clinic.

Medication

Mr.... requires supervision in regards to medication management. He is slightly unreliable in looking after and taking his own prescribed medication on time. is usually willing to take psychiatric medication when prescribed by a doctor. If possible RFNSW staff are to monitor of an evening to ensure he takes his medication. If RFNSW members of staff have face-to-face contact with of a morning his dosset box should be checked to ensure compliance with medication regime. If's medication is not taken for three days in a row the Clozapine regime must be recommenced from a lower dosage.'s medication makes him drowsy and he usually falls asleep about an hour after taking it.

Mental Illness

.... was diagnosed with Schizophrenia in October 2001

Finance

.... needs support in regards to money management. His co-morbid use of alcohol and cannabis has an impact on his finances. and RFNSW staff members have rectified an account that he received from the Australian Tax Office for \$1585. also had a phone bill for \$229;

he rectified this account when he received his tax return. also finds it difficult to adhere to a set budget; he often has no food remaining by the end of his non-pay week.

Health Needs and Nutrition

.... finds it difficult to maintain an adequate diet. He has previously stated that he likes to cook meals such as vegetable soup (which he cooks from scratch), bacon and eggs, chips (fried sliced potatoes), sausages, onions and potato and pumpkin mash. Food seems to be costing more than he initially expected. Dietary requirements may need to be discussed further as it appears is lacking in iron intake. likes the idea of menu planning as a way of putting together a grocery/shopping list. does not believe he needs any help in the preparing and cooking of meals.

.... finds it difficult to adhere to a set budget; he often has no food remaining by the end of his non-pay week. and RFNSW staff members have made a compromise whereby his weight is recorded in the office fortnightly and in return RFNSW staff are to no longer discuss with him on a regular basis whether or not he has eaten lately, how much food he has at the present time, dietary requirements, and the purchasing of groceries etc.

Personal Care Needs

....'s personal hygiene and self-care skills are almost totally self-sufficient. He is moderately well groomed, ensures a moderate cleanliness of clothes while slightly neglects his physical health. It needs to be addressed with in the near future the issue of his excessive earwax and perhaps having it drained by his doctor.

Family Contact

.... has an elderly father and his mother has in the last year died of cancer.'s father is aware of his son's involvement with the program and has been informed as to how to contact RFNSW staff if the need arises. has also been provided with literature on the HASI program.'s mother was very involved in his life, they used to go grocery shopping together and occasionally attended the horse races.

Communication Skills

.... has slight difficulty with initiating and responding to conversation. attempts to make continuous eye contact, though at times he finds this difficult.

Social Skills

According to's referral withdraws slightly from social contact. He finds it difficult to form new relationships, while he has difficulty keeping friendships. Again, according to his referral, has previously

shared a flat with another young man, though he found he had a problem living with others.

At present occupies his day by visiting friends and using substances. has a dependence upon alcohol and marijuana and uses these drugs problematically. He does not believe that his use of these is a problem. has access to a tick where he can receive marijuana and pay for it at a later date. Drug and alcohol counselling may be something that can be discussed with in the future. needs support in improving this area of his life.

Activities of Daily Living

.... has activities of daily living, which are outlined in a daily support plan. requires constant motivation, as he has trouble attending to these appointments. needs guidance in relation to: cooking, housework, shopping and washing. There are days when is totally unable or has to reduce his day-to-day activities because of the way he is feeling. has trouble waking before 10 o'clock in the morning. He occasionally attends Micah House where he is able to have lunch free of charge; he is required to be at Micah House at 11 am to have lunch at 12 pm.

Leisure and Recreational

.... enjoys fishing at Lake Albert with his father and brothers. He is also interested in drawing pictures. has discussed his interest in joining a support group for people with schizophrenia i.e. The Bidgee Group. He likes the idea of being able to make friends with people who have had similar experiences to his own.

Vocational Skills

.... is able to gain employment, and is capable of part-time work. He is employed on a casual basis as a cleaner at, On average this is a couple of times a month. There are days when is totally unable to work or study due to the way he is feeling. Occasionally's father pays him for work undertaken around the house. is interested in studying childcare at TAFE; he has discussed undertaking a course that could lead to employment. Though he believes at this stage he would only be able to handle attending TAFE three days a week. has previously completed courses through Riverina Group Training & Employment and wishes to investigate what other courses are available. completed Year 12 at High School. would like to locate copies of these certificates as the originals were stolen. He takes the time to read and comprehend any written information supplied to him. has organised to volunteer at the St Vincent De Paul Rag Recycling Centre on Mondays and Tuesdays from 9 am to 4 pm, though he has yet to attend.

Relationships

.... is not in a relationship at the moment, and has not been since he was diagnosed with Schizophrenia in October 2001. has a group of friends who are located within walking distance from his home, and this is where he spends most of his time.

Sexual Health

Sexual health is an area to be addressed in the near future.

Cultural and Spiritual Needs

.... is Catholic and believes in God, he likes to attend church at 5.30pm on Sundays at the Sacred Heart Parish.

IMPORTANT CONTACT NUMBERS

RFNSW – Suite 4, 176 Baylis St, Wagga Wagga, 2650. Ph. (02) 69215269

Accessline – 1800 800 944

Department of Housing – A/H. 13157 or Ph. (02) 69210099

Country Energy – Ph. 132080

Police – Ph. (02) 69210544 or Emergency 000

Ambulance – 000

Telstra – 132 200

Fire Brigade - 000

Compiled by:
Melissa Harley
Community Support Worker
21/9/04

Copy:
1. To Mr ...
2. To RFNSW file



Personal Requirement Checklist

Name: _____ Date: _____

Is the following item required?	Yes/ No? If No, Why?	Purchased at?	Is it through a Purchase Order or Account?	Expected Delivery Date?	Date Received	Serial Numbers	Staff Signature
Kitchen							
Fridge – max 210L							
Microwave							
Toaster							
Jug / Kettle							
Electric frying pan							
Plates							
Mugs							
Glasses							
Cutlery							
Sharp Knife							
Saucepans							
Frying pan							
Casserole dishes							
Boiler							
Storage containers							
Chopping board							
Baking Dish							

Personal Requirement Checklist – HASI Rural Program June 2004
Richmond Fellowship of NSW



The Richmond Fellowship
 a community organisation providing supported accommodation for people with mental illness
 OF NEW SOUTH WALES

Personal Requirement Checklist

Name: _____ Date: _____

Is the following item required?	Yes/ No? If No, Why?	Purchased at?	Is it through a Purchase Order or Account?	Expected Delivery Date?	Date Received	Serial Numbers	Staff Signature
Coffee table							
Television stand							
Heater							
Fan							
Curtains							
Lamps							
Floor Rugs							
Bedroom							
Bed							
Mattress							
Bed-side table							
Wardrobe							
Drawers							
Clock radio							
Lamp							
Blankets / doona							
Pillows							
Sheets/pillow cases							



Personal Requirement Checklist

The Richmond Fellowship
a community organisation providing supported accommodation for people with mental illness OF NEW SOUTH WALES

Name: _____ Date: _____

Is the following item required?	Yes/ No? If No, Why?	Purchased at?	Is it through a Purchase Order or Account?	Expected Delivery Date?	Date Received	Serial Numbers	Staff Signature
Bathroom / Toilet							
Towels							
Dirty Clothes Basket							
Bath Mat							
Toilet Brush							
Toilet Mat							
Laundry / Misc.							
Washing machine 5kg							
Dust-pan/broom							
Mop /bucket							
Washing basket/pegs							
Vacuum cleaner							
Broom							
Iron							
Ironing Board							
Ash Tray							

The Richmond
Fellowship of NSW

Daily Support Plan

For use only as a guide and a reminder tool

	Monday 26th July	Tuesday 27th July	Wednesday 28th July	Thursday 29th July	Friday 30th July	Saturday 31st July	Sunday 1st August
7:00 AM							
8:00 AM	Staff phone call						
9:00 AM	Staff will pick up this time.		Bike ride	Catch bus into office. Finance. Banking. Fortnight budget review with staff. Staff to phone Dr.... regarding cleft palate.	Staff phone call.	Staff phone call.	
10:00 AM	10.30 am GP visit. Please take depot injection. Bring wallet with bus fare and id.	Catch bus to RFNSW office. Bring lunch, bus fare and id.	Staff visit.		Catch bus into town. shopping for art supplies, see budget		Phone family if choose to.
11:00 AM		RFNSW arrange to have coffee today and assist with banking. Pay layby, activity of own choice. bring bus fare. Purchase x3 potatoes and loaf of bread. withdraw \$19	House work washing.	Bidgee group walk & coffee. Meet at library 11.00am	Catch up with Ellayne and complete weekly plan.		
12:00 PM	Lunch at home			Lunch		Activity of choice	Staff will phone .
1:00 PM	visit library/art gallery. Bring bus fare						
2:00 PM		Lunch when ready					
3:00 PM			Art work	Pick up medications from Tolland chemist. Check Medications		May visit brother	
4:00 PM			Bike ride / walk	Grocery shopping. ... to arrange home delivery.			Bike ride and coffee
5:00 PM		Meal preparation with staff, rissoles and vegetables.					
6:00 PM	Dinner at home		Ellayne to visit. Dinner at home	Dinner at home			
7:00 PM		Snooker at RSL club			Practice meditation relaxation	Bidgee group dinner see calendar	
8:00 PM	Staff visit	Set alarm clock for bike ride in the morning	Bidgee MH Group	Staff visit			Phone Family.
9:00 PM							Relaxation meditation
10:00 PM			Set alarm clock				

Re [REDACTED]
DOB: [REDACTED]



23/09/2004

As a result of a meeting between Mental Health Manager, Case Manager and myself, with members of the Richmond Team to develop a Service Plan.

Case Manager's Responsibilities:

1. To Monitor Mental State of [REDACTED], monthly, face to face with Client and the Richmond Fellowship of NSW staff.
2. Arrange Psych Review, Six monthly or as deemed necessary. Attend same. Due: Booking request made. TBA.
3. Attend to MH-OAT Assessments, Care Plans/ reviews in conjunction with the Client and the Richmond Fellowship of NSW staff.
4. Case Manager or Delegate to respond to any Accessline request as per the guidelines. Inform the Richmond Fellowship of NSW staff if required.
5. Attend Clozapine Clinic visits as required and follow up with Dr [REDACTED]

The Richmond Fellowship of NSW (RFNSW) responsibilities:

1. RFNSW staff will provide accommodation support that will assist [REDACTED] to maintain his skills and independence in relation to his accommodation. Current days: Monday, Wednesday & Friday.
2. RFNSW staff will monitor and encourage [REDACTED] to take daily medication, as required.
3. RFNSW staff will encourage and accompany [REDACTED] to maintain appointments for pathology, Clozapine Clinic (Monthly - Tuesday) and other appointments as required.
4. RFNSW staff will focus on maximising the independence of [REDACTED] by identifying client based needs and goals. This will be assistance with activities of daily living, including domestic chores, cooking, shopping, cleaning and

AREA OFFICE POSTAL ADDRESS: LOCKED MAIL BAG 10 WAGGA WAGGA NSW 2650
65 JOHNSTON STREET WAGGA WAGGA. PHONE: (02) 6933 6100 FAX: (02) 6933 9104
WEBSITE: www.grahs.nsw.gov.au

laundry; budgeting of income; health care, including the identification of general health and rehabilitation needs and the seeking of assistance when required.

5. Contact Access Line in the event of an emergency between weekly appointments as per guidelines.

Next Review Date: 22 October 2004 (10A.M)




Andrew Delaney
(Case Manager)
Community Mental Health Service
Greater Murray Area Health

Signature: 

Date: 23-9-04

Micheline Redmond
(Key Worker)
The Richmond Fellowship of NSW
Wagga Wagga Office

Signature: 

Date: 23-9-04

AREA OFFICE POSTAL ADDRESS: LOCKED MAIL BAG 10 WAGGA WAGGA NSW 2650
63 JOHNSTON STREET WAGGA WAGGA. PHONE: (02) 6933 9100 FAX: (02) 6933 9104
WEBSITE: www.gmahs.nsw.gov.au

The Richmond Fellowship of NSW

Personal Budget

Date: Thursday 23rd September 2004

....'s (name) fortnightly budget starting September 23rd 2004

Income	Fortnightly Amount Rounded	Changes
Net pay	\$464	
Pharmaceutical Allowance	\$6	
Total income	\$470	

Fixed Expenses	Fortnightly Amount	
Rent	\$112	
Utilities Electricity	\$30	
....'s personal spending money	\$80	
S2 account	\$5	
S5 account	\$20	
RFNSW service users fee	\$45	
Total fixed expenses	\$292	

Variable Expenses	Fortnightly Amount	
Food	\$120	
Bus fare $8/14 \times 3.80 = \$30.40$	\$30	
Total variable expenses	\$150	

Summary		
Total Income		\$470
Total fixed and variable expenses		\$442
Difference between income and expenses		\$28

This is only a guide and is what was agreed to be paid this fortnight

Meal Planner

Type the week's starting date in cell E3. The rest of the cells will be filled automatically.
 Meal plan for the week beginning: 6/30/2004

Wednesday June 30	Thursday July 01	Friday July 02	Saturday July 03	Sunday July 04	Monday July 05	Tuesday July 06
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Snack	Snack	Snack	Snack	Snack	Snack	Snack

NEAMI CAN SUMMARY / INDIVIDUAL SERVICE PLAN

DATE:

CLIENT:

WORKER:

DOMAIN	USER’S VIEW OF SERVICES REQUIRED	ACTION(S)	BY WHOM	REVIEW DATE

Camberwell Assessment of Need at Neami

CANSAS U – CONSUMER RATING				
Consumer Name:	Staff Name:	Date:		
<div style="display: flex; justify-content: space-between; font-size: small;"> This area remains a serious problem for me despite any help I am given (unmet need) ↓ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> This area is not a serious problem for me because of help I am given (met need) ↓ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> This area is not a serious problem for me at all (no need) ↓ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> I do not want to answer this question ↓ </div>				
1. Accommodation - What kind of place do you live in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Food - Do you get enough to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Looking after the home - Are you able to look after your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Self-Care - Do you have problems keeping clean and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Daytime activities - How do you spend your day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Physical Health - How well do you feel physically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Psychotic symptoms - Do you ever hear voices or have problems with your thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information on condition and treatment - Have you been given clear information about your medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Psychological distress - Have you recently felt very sad or low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Safety to self - Do you ever have thoughts of harming yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Safety to others - Do you think you could be a danger to other people's safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Alcohol - Does drinking cause you any problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Drugs - Do you take any drugs that aren't prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Company - Are you happy with your social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Intimate relationships - Do you have a partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Sexual Expression - How is your sex life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Child Care - Do you have any children under 18?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Basic Education - Any difficulty in reading, writing or understanding English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Telephone - Do you know how to use a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Transport - How do you find using the bus, tram or train?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Money - How do you find budgeting your money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Benefits - Are you getting all the money you are entitled to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For consent please turn over and sign ⇌ ⇌ ⇌ ⇌ ⇌ ⇌ ⇌ ⇌				

Camberwell Assessment of Need at Neami

I consent for the information on this form to be forwarded to the relevant government department because it is part of Neami's funding and service agreement. I understand the information forwarded will not include my name. My support worker has explained this to me and I understand and consent.

Signed: _____

Date: ____ / ____ / ____

Please tick box and fill in date

First CAN/CANSAS -U	<input type="checkbox"/>	Date:	
Review CANSAS-U	<input type="checkbox"/>	Date:	

BASIS 32 Consumer Self Rated Mental Health Measure

This is a self-rated measure of mental health status. On the following pages is a list of life issues which some people experience difficulties. **Using the scale below, fill in the box with the answer that best describes how much difficulty you have experienced in each area DURING THE LAST WEEK.**

0 = No Difficulty

1 = A Little Difficulty

2 = Moderate difficulty

3 = Quite a Bit of Difficulty

4 = Extreme Difficulty

Please answer each question. Try not to leave any question blank. If there is an area you consider not applicable to you, place 0 = No Difficulty.

Name:		Service Area:	
First Basis 32 <input type="checkbox"/>	12 monthly Basis 32 <input type="checkbox"/>	Exit Basis 32 <input type="checkbox"/>	Post Exit Basis 32 <input type="checkbox"/>
Date filled out:		Staff name:	

1. Managing day-to-day life - getting to places on time, handling money, making every day decisions	<input type="checkbox"/>
2. Household responsibilities - (shopping, cooking, doing the laundry, keeping room clean, doing other chores)	<input type="checkbox"/>
3. Work – E.g. completing tasks, performance level, finding/keeping a job	<input type="checkbox"/>
4. School – E.g. completing assignments, attendance, academic performance	<input type="checkbox"/>
5. Leisure time or recreational activities	<input type="checkbox"/>
6. Adjusting to major life stresses – E.g. separation, divorce, moving house, new job, new school, a death	<input type="checkbox"/>
7. Relationships with family members	<input type="checkbox"/>
8. Getting along with people outside the family	<input type="checkbox"/>
9. Isolation or feelings of loneliness	<input type="checkbox"/>
10. Being able to feel close to others	<input type="checkbox"/>
11. Being realistic about yourself or others	<input type="checkbox"/>
12. Recognising/expressing emotions appropriately	<input type="checkbox"/>
13. Developing independence, autonomy	<input type="checkbox"/>
14. Goals or Direction in Life	<input type="checkbox"/>
15. Lack of self-confidence, feeling bad about yourself	<input type="checkbox"/>

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Neami Risk Assessment Form

Consumer Name: _____

Assessment Date: _____

Review Date: _____

Substance abuse

History _____

Substances used (alcohol/illicit drug/drug) _____

Frequency _____

Effects/impact on others _____

Side effects _____

Withdrawal states _____

Interaction with psychiatric symptoms _____

Previous management strategies _____

Risk strategy _____

Risk strategy prepared by _____

Violence and/or self harm

History _____

Effects/impact on others _____

Known triggers _____

Known date of last incident _____

Interaction with psychiatric symptoms _____

Previous management strategies _____

Risk strategy _____

Risk strategy prepared by _____

Medication compliance

History _____

Factors that assist compliance _____

Triggers _____

Effects/impact on others _____

Previous management strategies _____

Risk strategy _____

Risk strategy prepared by _____

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Files\Content.IE5\0P0VS70R\Risk Assessment May 2003.doc 2

Living Arrangements

Lives with _____

Neighbourhood _____

Friends/family staying in room/unit _____

Exit points from room/unit _____

Number of other people living in same complex _____

Extra staff required for outreach _____

Risk strategy _____

Risk strategy prepared by _____

Authorised by: _____

Date: _____

Review date: _____


Outcome: _____


Appendix J: Other Forms



Complaint Register Form

DATE:	RECEIVED BY:	REFERRED TO:
COMPLAINANT: (include name & contact details)		
RESPONDENT: (include name & contact details)		
DESCRIPTION: (clearly identify the issues and dates when occurred)		

 Wentworth Area Community Housing		COMPLAINT FORM	
Name and address:			
Phone number:			
What I am dissatisfied about: (Please say what happened and when)			
What I have already done to try to sort this out: (Please tell us about any phone calls, letters, visits etc)			
What I would like done to sort this out: (Please tell us what you think would resolve the problem for you)			
Signed:		Date:	
Not enough room to say everything you want? Please write on the back of this form. Send this to: Executive Officer PO Box 4303 Penrith Plaza 2750 or deliver to WACH at Level 2, 148 Henry Street, Penrith 2750.			



The Richmond Fellowship of NSW

KEY WORKER'S MONTHLY SUMMARY

Key worker:

Resident name:

For the month of:

Date completed:

/

/

HEALTH	SOCIAL	VOCATIONAL
Summary of all medical appointments, requests, procedures and outcomes; physical and mental health status.	Summary of family/friend contact: visitors/phone calls. Special events.	Summary/overview of CBA attendance/participation. Update of timetable
Please write a brief summary of progress notes over the last month.		List all incident report forms.



TheRichmondFellowship
a community organisation providing supported accommodation for people with mental illness **OF NEW SOUTH WALES**

Individual Planning Checklist

(to be used in conjunction with RFNSW Policy 2.13
 Attachment 4)

Client: _____

Moved into accommodation: _____

IP due in 90 days. Expected date: _____

Date 2 months prior: _____

Action	Completed
Consultation meeting	
Make list of goals	
Set the date for the IP meeting	
Develop invitation list	
Assist client to approach participants	
Finalise date, time and venue	
Arrange all necessary reports (deadline to be 2 weeks from now)	

Date 6 weeks prior: _____

Action	Completed
Make a list of objectives	
Prioritise this	
Develop the program	
Identify resources and tasks needed	
Advise SM of progress	

Individual Planning Checklist Aug 04
 The Richmond Fellowship of NSW – Rural

Date 2 weeks prior:

Action	Completed
Summarise progress notes	
Prepare agenda	
Fill new sheets in IP file	
Get BLANK master plan	
Assist client to form refreshment menu	
Assist client to contact participants and remind	
Go over the agenda and explain to the client	
Advise SM of progress	

Date of day before IP:

Action	Completed
Complete any shopping or cooking	
Make copies of agenda	
Write up the Master plan	
Last minute check on all paperwork	
Check that you have a BLANK master plan sheet	

Day of the IP: _____

Action	Completed
Read through agenda with client	
Assist client to prepare venue, chairs etc	
Hold meeting and complete Master plan	
ALL participants to sign Master plan	



New Horizons Enterprises Limited
Central Coast Branch
H.A.S.I. Program
PROGRESS NOTES

Surname: _____ Other Names _____ D.O.B. ____/____/____ Sex: M / F

Address: _____

Date: _____ Shift: _____ RSWs: (1) _____ (2) _____

Support Start Time: Support Finish Time:

[illegible]

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

[illegible]

PRIORITY CODING - U - URGENT (TO BE DONE NEXT SHIFT), W - (TO BE DONE WITHIN A WEEK), M - (TO BE DONE WITHIN THE MONTH)

NEW HORIZONS/CENTRAL COAST/HASI PROGRAM/STATIONERY/FORMS/PROGRESS NOTES/DRAFT/6/12/2004

SUPPORT PLAN MONTHLY EVALUATION	MONTH:
<p>Objective 1:</p> <p>Progress to Date:</p> <hr/> <hr/> <hr/> <hr/> <p>New Action/Services required:</p> <hr/> <p>Objective achieved: <input type="checkbox"/> Yes, fully <input type="checkbox"/> Partly <input type="checkbox"/> In Progress <input type="checkbox"/> No, not at all</p> <p>Impact on client:</p> <hr/>	
<p>Objective 2:</p> <p>Progress to Date:</p> <hr/> <hr/> <hr/> <hr/> <p>New Action/Services required:</p> <hr/> <p>Objective achieved: <input type="checkbox"/> Yes, fully <input type="checkbox"/> Partly <input type="checkbox"/> In Progress <input type="checkbox"/> No, not at all</p> <p>Impact on client:</p> <hr/>	

Objective 3:
Progress to Date:
<hr/>
<hr/>
<hr/>
New Action/Services required:
<hr/>
Objective achieved: <input type="checkbox"/> Yes, fully <input type="checkbox"/> Partly <input type="checkbox"/> In Progress <input type="checkbox"/> No, not at all
Impact on client:
<hr/>

Objective 4:
Progress to Date:
<hr/>
<hr/>
<hr/>
New Action/Services required:
<hr/>
Objective achieved: <input type="checkbox"/> Yes, fully <input type="checkbox"/> Partly <input type="checkbox"/> In Progress <input type="checkbox"/> No, not at all
Impact on client:
<hr/>

Signed: _____ Date: ____/____/____



**New Horizons Enterprises Limited
Central Coast Branch
H.A.S.I. Program
CLIENT REVIEW**

CLIENT NAME _____ DATE _____

	DETAILS
Past mth review	
I.P. update	
Focus of support/ Current issues	
Priorities	

Appendix K: HASI Reports

LOCAL HASI STATUS REPORT

Each local accommodation support provider is required to prepare regular (usually bi- monthly) status reports on the progress of HASI locally.

These reports are usually referred to as Local HASI Status Report. The reports contain information collected by the local accommodation support provider, as well as some material provided by the other local HASI providers- the local mental health provider and local housing provider.

Information contained in the Status Reports should include:

- The names of the **partnership agencies** and specifically the local housing and mental health providers;
- The number of **vacancies** plus:
 - total number of HASI referrals received for the reporting period, including:
 - + number of accepted referrals; and
 - + number of rejected referrals.
- The number of **accepted clients** able to enter the Initiative:
 - number of accepted clients waiting to be housed;
 - number of accepted clients who reject an offer to join HASI;
 - number of accepted clients housed through the Initiative.
- The number of **clients exiting** the Initiative:
 - number deceased;
 - number of voluntary exits and the reasons for this;
 - number of exits where support services or tenancy or both were cancelled.
- The number and proportion of clients who have:
 - maintained their **tenancies**; and
 - lengths of tenancy; plus
 - discussion of any tenancy related issues such as:
 - + factors that may be influencing the length of tenancy and where clients move to after exiting the Initiative; or
 - + impacts of clients leaving before the lease expires, neighbour issues or damage to property issues.

- The number and **nature of support service** provided:
 - hours of support provided by the accommodation support providers;
 - type and proportion of clients who are:
 - + accessing mainstream services; and
 - + not accessing mainstream services and the reasons for this.
- An overview of **local partnership arrangements**, including the status of the:
 - Local HASI Coordination Group;
 - Local Client Review Panel; and
 - Service Level Agreement.
- Any significant **breaches** of written agreements and contracts between the client, accommodation support provider, mental health service and the housing provider, together with actions to address the breaches and any unresolved issues.
- Details of any **complaints** received about clinical care, support or housing services, the steps required to resolve them and the outcome.
- An **income and expenditure** statement with budget comparisons.
- **Access and equity issues** that may have arisen; plus
- **Discussion issues**, such as:
 - operational issues which need to be discussed or resolved by the HASI Advisory Committee;
 - service access issues particularly any difficulties with accessing and using community health and HACC services;
 - challenges affecting clients such as barriers to client achieving set goals;
 - client satisfaction and the degree to which clients feel they have progressed.

NOTE: *It is proposed that a template of the above be prepared and distributed to all accommodation support providers to simplify the preparation and submission of Status Reports.*

New Horizons Performance Indicators Local September 2003

Program Description: To provide high and medium level accommodation support to 12 individuals with mental disorders

Objectives	Activities proposed	Performance Indicators	Evaluation	Progress
Greater access and participation in the community for people with a mental health disorder.	<p>Promote and increase client use of community resources.</p> <p>Individualised goal directed care plan</p> <p>Development of community Partnerships</p>	<ol style="list-style-type: none"> 1. Number of clients assessing community resources 2. Number of clients not assessing community resources and the reasons why 3. Number of visits to mainstream services per client 4. Number of meetings with mainstream services 5. Development of appropriate pathways to local organisations and facilities 	<p>Access to community resources achieved as evidenced by goal achievement/non achievement as indicated in client ISP, progress notes and Community Access Form.</p> <p>Partnership meetings held and attended with outcomes leading to effective partnerships between services.</p>	<ol style="list-style-type: none"> 1. Currently 16 consumers are accessing community services 2. No consumers are not accessing community resources. 3. The number of visits to mainstream services per consumer is variable and fluctuates in some incidences due to their mental health status, financial situations, accessibility and geographical location. On average each consumer visits mainstream services three times per day. Mainstream services are classified as Banks, shops, Medical/dental, Centrelienk, Vocational/Recreational facilities, Church, Hospitality Facilities etc. 4. Number of meetings with mainstream services Total 172 These include organisations such as Community Housing, Clubs recreational/sporting, Volunteer referral Agencies, and Meals on Wheels, Banks, and shopping facilities. 5. Development of appropriate pathways. This is ongoing as increased services are being approached depending on the relevant need of each consumer. Meetings have been attended with clear pathways identified between services. Referral Register is set up.

Objectives	Activities proposed	Performance Indicators	Evaluation	Progress
Meet the need of Individual clients	<p>Individual Assessment of client need.</p> <p>Provide home based outreach services and ensure services are accessible to clients in their geographic location.</p> <p>Individualised goal directed care plan</p> <p>Negotiate a support contract with each client</p>	<ol style="list-style-type: none"> 1. All clients have an individual ISP that is reviewed 3 monthly initially followed by 6 monthly. 2. Number of visits per clients 3. Length of visit 4. Purpose of visit 5. Provision of outreach services will reduce the incidence of homelessness and provide greater stability of housing for clients <p>Support contract signed prior to services commencing.</p> <p>Client satisfaction surveys.</p> <p>Reduction in client admission to inpatient psychiatric units.</p>	<p>Clients care plan and ISP is reviewed at the placement Committee meeting.</p> <p>All clients to have a support contract.</p> <p>RSW activity reports are completed daily.</p> <p>Monitor and report on client inpatient admissions.</p> <p>Monitor all client discharges from the project.</p> <p>Monitor client-housing status.</p>	<p>Currently we are reviewing original ISP's and developing further goals and objectives where required. This is reviewed at each Placement Committee meeting and regular case reviews held with New Horizons, the consumer, Central Coast Health and an advocate/support person if requested.</p> <p>2. High Support Consumers average 4 to 7 visits per week. Medium Support average 3-5 visits per week.</p> <p>3. The length of visit is variable depending on the purpose on average a consumer on a high support level receives 4.8 hours face to face per day not including hours utilised for administration and travel hours.</p> <p>4. The purpose of visit is variable per consumer and dependent on each individual ISP progress. Examples are assisted daily living skills, social activity, ISP implementation, social interaction,</p> <p>5. Security of Tenure for each consumer is evidenced.</p> <p>Support contracts are signed,</p> <p>Client satisfaction surveys are currently being developed.</p> <p>Reduction in admissions needs to be identified by CCH.</p>

Objectives	Activities proposed	Performance Indicators	Evaluation	Progress
Develop and participate in the partnership framework	<p>Promote the principles of partnerships with other stakeholders</p> <p>Develop clear understanding of stakeholder's roles and responsibilities and develop clear practice guidelines between Health, Housing and New Horizons.</p>	<p>1. attendance at Placement committee meetings</p> <p>2. Clear service agreements developed between partners regarding roles and responsibilities. Roles and responsibilities defined and disseminated via the placement committee.</p>	<p>Provision of monthly reports to Placement committee regarding progress. Reviewed and investigated.</p> <p>Clinical review of clients To be conducted jointly.</p> <p>Issues between partners will be a standing agenda item for placement Committee. All incidents to be</p>	<p>To date 7 Placement Committee meetings have been held. Each meeting has been well attended by New Horizons, CCH, Consumer participation, DOH and other invited service providers that required additional information such as Morrisett Hospital.</p> <p>2. Clear Service Agreements have been developed.</p>

References

Deakin, E. (2004). HASI Resource Manual: Working Draft. EJD Consulting and Associates: Marrickville.

New South Wales Health (NSW Health) and New South Wales Department of Housing (NSW Housing) (2003). *Housing and Accommodation Support Initiative for People with Mental disorders – HASS Resource Manual Issue 1*. NSW Health: Sydney.