* The Family Housing Program provides supported, medium term transitional accommodation for a period of up to twelve months.
* The program cannot offer crisis accommodation.

**Referral Process:**

* **Check that your client meets the following criteria:**
  + Homeless or at imminent risk of homelessness.
  + Two or more children under the age of sixteen in their full-time care and are receiving Centrelink payments for the children.
  + A support need relating to maintaining and sustaining a tenancy and willingness to actively engage in a support plan, including weekly home visits.
  + On the priority waitlist with the Department of Communities Housing (DoCH).
  + Be eligible for a DoCH bond loan or be able to pay private bond.
* If your client meets the criteria above, please complete this referral form (which can be filled out electronically) with as much detail as possible, and attach required documentation, as listed below.
* Send the referral and supporting documents via e-mail to the Housing & Administration Service Support Officer (SSO) at: [housing@anglicarewa.org.au](mailto:housing@anglicarewa.org.au)
* Receipt of the referral will be acknowledged by email within seven (7) working days.
* Please note that the program does operate a waitlist, and, during periods of high demand, the waitlist may be closed to new applicants.
* The SSO will provide feedback to the referee as to the outcome of the referral.

**Please check you have attached the following:**

|  |  |
| --- | --- |
|  | Centrelink Income Statement |
|  | Priority waitlisting confirmation letter from the DoCH |
|  | Bond loan approval letter from the DoCH |
|  | Legal orders: VRO, Family Court orders etc. |
|  | Risk Assessment (CRAMRF) |
|  | CALD clients: Permanent Residency & Visa status information |

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| --- | --- | --- | --- | --- |
| **Referring Agency Details** | | | | |
| **Date** | /       / | | **Agency Worker** |  |
| **Name of Agency** |  | | | |
| **Contact Details** | **Phone** |  | | |
| **Email** |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s Name** |  | | | | | | **DOB** | /       / | | |
| **Alias, Known as or Preferred Name** | |  | | | | | | | | |
| **Centrelink Customer Reference Number (CRN)** | | | |  | | | | | | |
| **Gender** |  | | | **Pronoun** | |  | | | | |
| **Address** |  | | | | | | | **Post Code** | |  |
| **Mobile** |  | | **Email** |  | | | | | | |
| **Nationality** |  | | | **Country of Birth** | | |  | | | |
| **Cultural Identity (Aboriginal, Torres Strait Islander, Māori etc.)** | | |  |  | | | | | | |
| **Language spoken, other than English.**  **Interpreter required?**  Yes  No | | | | |  | | | | | |
| **Visa Type** |  | | | | | **Year of Arrival** | | |  | |
| **Do you have a legal guardian or public trustee?** | | | | | Yes  No | | | | | |
| **Details:** |  | | | | | | | | | |

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| **Accompanying Children or Household Members** | | | | |
| **Name** | **Age** | **DOB** | **Gender** | **Relationship to Applicant** |
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| **Which Housing Authority Zone is the Client priority waitlisted in?** |
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| **Which Area/Zone does the Client wish to live in (if different to the above)?** |
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| **Any Area/Zones the Client needs to avoid and why?** |
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| **Reason for Referral, Including Support Need** |
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| **What is the Current Living Situation?** |
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| **Presenting Issues inc. (drug and alcohol, legal issues, FDV, health, financial, family, etc.)** |
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| **Is the client Working with any other Services? If so, please list** |
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| **Client’s expectations from the Family Housing Program** |
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| **Brief History / Client’s Motivation** |
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| **Offending History or Any Known Risk Factors for Working with the Client** |
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| --- | --- | --- | --- |
| **Agency Worker’s Signature** |  | **Date** | /       / |
| **Clients Signature** |  | **Date** | /       / |

|  |  |
| --- | --- |
| **Office Use Only** | |
| **Date Contact Made with Client** | /       /   |  |  |  | | --- | --- | --- | | **Referral Accepted** | Yes | No | |
| **Reason for Non-Acceptance** |  |
| **Client Referred to** |  |

Thank you for your referral