**Referral Process:**

* **Please check that your client meets the following criteria:**
* Actively engaged with the referring service.
* Experiencing homelessness within the South-West Metropolitan area, or waitlisted with the Department of Communities – Housing for the Fremantle or Kwinana zone.
* Willing to work co-operatively with the Homelessness Support Service to explore housing options.
* Able to develop and action client support plans with the Housing Case Manager’s (HCM) assistance.
* If your client meets the criteria above, the referring agency can complete the referral form and email it to the Housing Administration Service Support Officer at housing@anglicarewa.org.au.
* Receipt of the referral will be acknowledged by e-mail within seven (7) working days.
* The client will be contacted as soon as possible to discuss the referral and arrange an assessment if the service is able to assist.

**Please Note:**

* This service does not provide accommodation. Please contact Entry Point on Ph1800 124 684 or Crisis Care on Ph1800 199 008 if emergency accommodation is required.
* During periods of high demand new referrals will be placed on a waitlist. At times the service may be at full capacity and unable to take new referrals. The Housing Administration Service Support Officer will advise if the waitlist has been closed.

**NPAH Information:**

NPAH is designed for clients needing practical support via weekly home visits to develop necessary living skills to manage their tenancy once receiving a housing allocation from the Department of Communities – Housing.

**Clients may be assessed for NPAH while engaged in our service upon meeting the below criteria.**

* Consistent engagement with Anglicare WA’s Homelessness service.
* The HCM and the client have explored and exhausted all alternative housing options.
* The HCM and client have identified support needs requiring twelve months housing case management, upon being allocated a property through the Department of Communities – Housing.
* NPAH support needs may include requiring practical assistance to develop necessary living skills due to previous failed tenancies, and requiring support to link in with local services to help address other issues.
* Housing unaffordability does not demonstrate a need for NPAH support.

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| **Referring Agency Details** |
| **Date** | Click or tap to enter a 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 they have a legal guardian or public trustee?**  | [ ]  Yes [ ]  No |
| **Details:** |       |

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| **Accompanying Children / Household Members** |
| **Name** | **Age** | **DOB** | **Gender** | **Relationship to Applicant** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **If Known:** |
| Does the client have rental references? | Yes [ ]  | No [ ]  |
| Has the client ever been blacklisted from renting? | Yes [ ]  | No [ ]  |
| Is the client waitlisted with the Department of Communities – Housing? | Yes [ ]  | No [ ]  |
| Is the client listed with Community Housing? | Yes [ ]  | No [ ]  |
| Is the client on the priority waitlist? | Yes [ ]  | No [ ]  |
| Date: |       /       /       |
| **Housing Authority Zone client wishes to be housed in:**  | Fremantle [ ] Kwinana/Rockingham [x] Other [ ]        |
| Has the client ever had an NPAH Housing Authority notification submitted? | Yes [ ]  | No [ ]  |
| Are there alternative housing options? | Yes [ ]  | No [ ]  |

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| **Brief case history and reason for referral** |
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| **Current housing situation and other support Issues *(e.g. drug & alcohol, legal issues, health, financial, family etc.)*** |
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| **Client expectations from the Homelessness Support Service** |
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| **Is the client working with any other services? If so, please list below** |
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| **Offending history or any known risk factors for working with the client** |
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| **How long has the person been a client of your service and in what capacity? How long are you likely to continue working with this client?** |
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| **Has the client been provided with information about the Homelessness Support Service and understands that the service cannot provide crisis accommodation?** | Yes [ ]  | No [ ]  |
| **Agency Worker’s Signature** | **Client’s Signature** |
|  |  |
| **Date:** | Click or tap to enter a date. | **Date:** | Click or tap to enter a date. |

**Thank you for your Referral**