

Stable Housing / Risk Assessment and Referral Form

Client consents to sharing of information between Access Health and Community, Uniting Harrison, SalvoCare Eastern and Launch Housing.

Referrer Name

First: _____ Last: _____ Organisation: _____

Phone: _____ Email: _____

Client Details

Last Name: _____ First Name: _____ Date of Birth: / /

Phone: _____ Address: _____ Municipality: _____

Mobile: _____ Interpreter Needed? Yes No Language: _____

Relationship Status: Single Couple Sole Parent Family Unknown Email: _____

Homelessness Risk Assessment

Recommended Referral if one of following criteria met:

- Victim of Domestic Violence or Home Conflict 50% income on rent or mortgage Under 18yrs and living away from home
 Rooming House Resident Private Rental on Centrelink payments

At risk of Homelessness Score (give corresponding score for all positive answers):

The Client:	Tick	Score
is facing eviction or likely to abandon their home?		+1
has a history of previous institutionalisation?		+1
is undergoing family or relationship breakdown including domestic violence?		+1
does not have sufficient income to cover daily living costs		+2
Does the client have:	Tick	Score
Mental ill health issues?		+1
Substance misuse issues?		+1
Anti-social behaviour?		+1
Lack of coping or practical skills?		+1
Learning disabilities?		+1
History of rough sleeping?		+1
Chronic Medical Condition?		+1
Living in derelict Accommodation or evidence of hoarding?		+1
TOTAL		
Opening Door Service 1800 825 955 (24/7 number)		Low risk 0-2 points Med risk 3-7 points High risk 8-13 points

Housing Situation/Property Information

What type of accommodation is the client living in?

- Rooming house Community housing Sleeping rough Emergency accommodation
 Private rental Family Transitional housing Mortgage
 Public housing Couch surfing Student accommodation Support Residential Service (SRS)

Is the client behind in rent or mortgage payments? Yes No

Is the client struggling financially to pay rent? Yes No

Has client received letters from landlord about tenancy? Yes No

Is the client living in substandard or overcrowded housing? Yes No

Other Notes to accompany referral (attach letter if required):