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

**Recommended Referral if one of following criteria met:**

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

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

The Client:

- Is facing eviction or likely to abandon their home? □ Yes □ No  □ Score
- Has a history of previous institutionalisation? □ Yes □ No  □ Score
- Is undergoing family or relationship breakdown including domestic violence? □ Yes □ No  □ Score
- Does not have sufficient income to cover daily living costs □ Yes □ No  □ Score

**Does the client have:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Tick</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental ill health issues?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Substance misuse issues?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Anti-social behaviour?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Lack of coping or practical skills?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Learning disabilities?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>History of rough sleeping?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Chronic Medical Condition?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>Living in derelict Accommodation or evidence of hoarding?</td>
<td>+1</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

**Housing Situation/Property Information**

- What type of accommodation is the client living in?
  - Rooming house
  - Private rental
  - Public housing
  - Community housing
  - Sleeping rough
  - Transitional housing
  - Student accommodation
  - Emergency accommodation
  - Mortgage
  - 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):