Referral Form

If you require any assistance completing this referral, please call our Client Service Officers on **1800 115 799**.

Please email the completed referral form to: clientservices@accordwest.com.au

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| **Referrer Information** |
| **Referred By** |  | **Date of Referral** |  |
| **Organisation** |  | **Phone** |  |
| **Position** |  | **Email** |  |
| **Has the Client given you Consent to release their information?** | [ ]  **Yes** [ ]  **No** | **Type:** | [ ]  **Written** [ ]  **Verbal** |

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| **Client Information** |
| **Primary Client** |  |
| **DOB** |  | **Age** |  | **Gender**  | [ ]  **Man** [ ]  **Woman** [ ]  **Self-described:** |  |
| **Residential Address** |  |
| **Suburb** |  | **Postcode** |  |
| **Phone** |  | **Mobile** |  |
| **Email** |  |
| **ATSI Status:** | [ ]  **Aboriginal** | [ ]  **Torres Strait Islander** | [ ]  **Aboriginal & Torres Strait Islander** | [ ]  **N/A** |
| **Country of Birth** | [ ]  **Australia** [ ]  **Other (Please specify):** |
| **Does the Client speak English?** | [ ]  **Yes** [ ]  **No** | **Is a translator required?** | [ ]  **No** [ ]  **Yes** | **Language:** |  |
| **If the Primary Client is under 18 and unaccompanied, do they have a Legal Guardian?** | [ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| **Name of Legal Guardian** |  |
| **Is the Department of Communities, CPFS involved?** | [ ]  **Yes** [ ]  **No (If Yes, please attach the CAR)** |
| **Does the client access government entitlements?** | [ ]  **DVA** [ ]  **NDIS**  | [ ]  **Other:** |

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| **Secondary Client/s (If Applicable)** |  | **Relationship** |  |
| **DOB** |  | **Age** |  | **Gender**  | [ ]  **Man** [ ]  **Woman** [ ]  **Self-described:** |  |
| **ATSI Status:** | [ ]  **Aboriginal** | [ ]  **Torres Strait Islander** | [ ]  **Aboriginal & Torres Strait Islander** | [ ]  **N/A** |
| C**hildren:** | **Name** |  | **Gender** |  | **Age** |  |
|  | **Name** |  | **Gender** |  | **Age** |  |
|  | **Name** |  | **Gender** |  | **Age** |  |
|  | **Name** |  | **Gender** |  | **Age** |  |
|  | **Name** |  | **Gender** |  | **Age** |  |
|  | **Name** |  | **Gender** |  | **Age** |  |
| **Do any of the dependents identify as Aboriginal or Torres Strait Islander?** | [ ]  **Aboriginal** | [ ]  **Torres Strait Islander** | [ ]  **Both** | [ ]  **No** | **How many?** |  |

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| **Primary Presenting Issue** (Tick main reasons for seeking support.)  |
| [ ] Homeless | [ ] Domestic Violence | [ ] Anger Management | [ ] Family Conflict/Parenting |
| [ ] At Risk of Homelessness | [ ] Financial Hardship | [ ] Substance Use | [ ] Relationship/s |
| [ ] Couch Surfing | [ ] Emergency Food Relief | [ ] Mental Health | [ ] Adolescent Issues |
| [ ] Private Rental Support | [ ] Employment / Training | [ ] Social Support | [ ] School Related |
| [ ] Tenancy Issues | [ ] Other: |  |
| **Accommodation Details** |
| [ ] Boarding house | [ ] Independent Living Unit | [ ] Private rental (private residence) |
| [ ] Caravan Park | [ ] Institution (hospital, residential care) | [ ] Public rental (private residence) |
| [ ] Crisis, emergency or transitional | [ ] Family/Friends | [ ] Public Shelter |
| [ ] Department of Communities Housing | [ ] Own home (mortgage) | [ ] Supported Accommodation  |
| [ ] Homeless | [ ] Other: |  |
| **Is the client homeless?** | [ ] Yes[ ] No[ ] At risk |
| **Requiring housing support for:** | [ ] Primary client | [ ] Partner | [ ] Children | [ ] Family member | [ ] N/A |
| **Details:** |  |

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| **Employment Status** |
| [ ] Employed | [ ] Self employed | [ ] Carer |
| [ ] Unemployed (looking for work) | [ ] Not working and not looking for work | [ ] Parenting (Stay at home) |
| [ ] Studying (Part-time) | [ ] Studying (Full-time) | [ ] Unpaid work e.g. volunteering |

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| **Main Source of Income** |
| [ ] Nil income | [ ] Government payments / pension / allowances | [ ] Self employed |
| [ ] Employed (Casual) | [ ] Employed (Part-time) | [ ] Employed (Full-time) |
| [ ] Other income (e.g. superannuation, investments): |  |

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| **Centrelink Income Type:**  |  | **CRN:** |  |
| **Approximate amount:** | **$** | **Frequency?** | [ ] Annual [ ] Monthly [ ] Fortnightly [ ] Weekly |
| **Support Details** |
| **What identification does client currently have?** | [ ] Birth certificate[ ] Driver’s Licence[ ] Photo ID[ ] Passport |
| **Does the client own property or have name on a Title?** | [ ] Yes[ ] No[ ] Not sure |
| **Registered with Housing (Community Housing Joint Wait List)?**  | [ ] Yes[ ] No[ ] Not sure |
| **Eligible for Bond Assistance?** | [ ] Yes[ ] No[ ] Not sure |
| **Does the client currently have:** | [ ] Debt – Department of Housing | [ ] Debt – Real Estate Agent |
| **What is the total debt?** | **$** | **Is the client blacklisted?** | [ ] Yes[ ] No[ ] Not sure |
| **Does the client have:** | [ ] Pet/s. Details: |  |
| **Does the client have:** | [ ] Safety Concerns | [ ] Current VRO | [ ] Custody Issues | [ ] Other |
| **Details** |  |

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| **SUPPORTING INFORMATION**Please provide any additional information relevant to this referral including what type of support you are requesting and details of other services currently engaged with.  |
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