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](mailto: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?** | | | YesNoAt 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:** | | | **$** | | | | **Frequency?** | | Annual Monthly Fortnightly Weekly | | | | |
| **Support Details** | | | | | | | | | | | | | |
| **What identification does client currently have?** | | | | | Birth certificateDriver’s LicencePhoto IDPassport | | | | | | | | |
| **Does the client own property or have name on a Title?** | | | | | | | | YesNoNot sure | | | | | |
| **Registered with Housing (Community Housing Joint Wait List)?** | | | | | | | | YesNoNot sure | | | | | |
| **Eligible for Bond Assistance?** | | | | YesNoNot sure | | | | | | | | | |
| **Does the client currently have:** | | | | Debt – Department of Housing | | | | | | Debt – Real Estate Agent | | | |
| **What is the total debt?** | | **$** | | | | **Is the client blacklisted?** | | | | | | YesNoNot 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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