

Housing Program Referral Form

Personal Information			
Name:		Date of Referral:	
Date of Birth:		Contact Number:	
Gender:		Preferred Language:	
		Other Language:	
Emergency Contact	Name:	Contact Number:	
	Relationship:		
Income:	\$	Bank Name:	
	Source:	Account Name:	
	Date of next payment:	BSB No:	
	CRN Number:	Account No:	
Dependents: Name/s:		D.O.B.:	M/F
		D.O.B.:	M/F
		D.O.B.:	M/F
Do you identify as Aboriginal or Torres Strait Islander?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Support			
Did anyone assist you to fill out this form? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently have another organisation supporting you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:		Name:	
Organisation:		Organisation:	
Contact No:		Contact No:	
Contact Email:		Contact Email:	
Will you have another organisation supporting you while in St Vincent de Paul accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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If Yes please provide details:	
Contact Name:	Email:
Organisation:	Contact No:

Housing:	
What accommodation are you applying for?	<input type="checkbox"/> Bakhita Centre (Hostel) - Darwin <input type="checkbox"/> Ted Collins Village (Units) - Darwin <input type="checkbox"/> Ormonde House (Hostel) - Katherine <input type="checkbox"/> Bernhard Centre (Units) - Katherine
Last Permanent Address:	
Please provide a brief history of your housing situation over the past 3 years including current housing situation:	
How long have you been experiencing homelessness?	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Over 12 months
Are you currently on the Territory Housing waitlist?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes <input type="checkbox"/> Priority or <input type="checkbox"/> General

Independent Living Skills		
Do you feel confident managing your own rental property? <input type="checkbox"/> Not confident <input type="checkbox"/> A little confident <input type="checkbox"/> Moderately confident <input type="checkbox"/> Very confident <input type="checkbox"/> Extremely confident	How often do you cook your own meals? <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> More often than not <input type="checkbox"/> Always	Are you able to budget for regular bills and unexpected emergencies? <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> More often than not <input type="checkbox"/> Always



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What weekly tasks do you associate with living independently?			
Do you have a drivers licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health & Wellbeing			
Physical Health		Mental Health	
How would you describe your current physical health?	What medications are you currently taking?	How would you describe your current mental health/wellbeing?	What methods do you use to deal with stress and to calm yourself down when feeling anxious or angry?
<input type="checkbox"/> Terrible <input type="checkbox"/> Poor <input type="checkbox"/> Okay <input type="checkbox"/> Really good <input type="checkbox"/> Fantastic		<input type="checkbox"/> Terrible <input type="checkbox"/> Poor <input type="checkbox"/> Okay <input type="checkbox"/> Really good <input type="checkbox"/> Fantastic	
Do you receive support for any health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of health support agency		
	Name:		
	Agency:		
	Contact Number & Email:		
Do you identify as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please comment		

Education, Training and Employment
Are you currently engaged in any form of education, training or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Complete this section if YES		Complete this section if NO	
University/TAFE/Course:		Do you have an interest in attending school, training or other education?	
Name of Employer:			
Hours per week that you work:		Do you have an interest in gaining employment	

• Drugs, Alcohol

Do you use Drugs and/or Alcohol?

If yes, please provide more information

- Never
- Socially
- Monthly
- Weekly
- Daily

Please outline any history regarding drug and alcohol issues:

Legal

Are you or have you ever exited incarceration?

- Yes
- No

If yes, please provide more information

Do you have any reporting requirements or outstanding legal issues?

- Yes
- No

If yes, please provide more information



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Is the client being referred by Corrections?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, supporting details of any relevant history from Corrections

Declaration

The information provided in the referral application is true and accurate and I consent to the information being shared with St Vincent de Paul Society.

Signature of Person: _____ Date: _____

Signature of Person that helped fill in this form: _____ Date: _____
(If applicable)

St Vincent de Paul Society NT, 107 Dick Ward Drive, Coconut Grove NT 0810

Phone: (08) 8948 8100

Please email the form to: bakhitacentre@svdpnt.org.au

OFFICE USE ONLY

Is a Risk Assessment Required Yes No

If Yes, refer to WH&S Risk Forms A1 & A2