

Referral Form

(Specialist Homelessness Services)

SHS 01



Client Details

Surname *: _____ Given Name *: _____

Gender *: Female Male DOB *: _____ Phone *: _____

Address *: _____
(Number and Street)

Suburb *: _____ Post Code *: _____

Language Spoken at Home (If NOT English) *: _____

Does the client require interpreter *: Yes No

Is the client of Aboriginal or Torres Strait Islander origin *: Yes No
If Yes, Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

Name of Guardian (If under 18) *: _____ Phone *: _____

Address: _____

Referring Agency Details

Agency *: _____

Contact Person *: _____ Position: _____

Address *: _____

Phone *: _____ Email *: _____

Please indicate what type of support you are seeking

- | | |
|--|--|
| <input type="checkbox"/> Support to Sustain Current Tenancies | <input type="checkbox"/> Housing and Accommodation Support |
| <input type="checkbox"/> Assistance to Find / Secure New Housing | <input type="checkbox"/> Outreach and Advocacy with Centrelink & Housing NSW |

Reason for Referral (Please give as much information as possible)

| Additional Information | |
|--|--|
| Past Accommodation Services / Housing Situations | |
| Safety (Incl DV, threats, violence or harassment, suicidal thoughts / self-harm, AVOs) | |
| Drug or Alcohol Issues | |
| Disabilities / Health / Mental Health Issues | |
| Family Issues | |
| History of legal involvement | |
| Other Significant Support / People / Services & Contact Information | |
| Other | |

| Referrer's Declaration | |
|---|---------------------------------------|
| By signing this Referral Form, I have obtained consent, either in verbal or written format, from the client detailed above to release all information contained in this Referral Form to the Accessible Diversity Services Initiative Limited (ADSI). | |
| Referrer Name *: (Please Print) | Referrer Signature *: _____ |
| _____ | Date *: _____ |

| Please send the completed referral via | Office Use Only | |
|--|-------------------------------|---|
| Email: housing@adsi.org.au (Preferred), or Fax: 02 8737 5599 | Date Received: | |
| | Date Assessed: | |
| | Assessment Outcome: | <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible |
| | Referral Allocated To: | |