

Footscray Community Housing Initial Referral Form

Introduction

This form is intended to flag interest in, and confirm eligibility & need for, long-term housing at the Footscray Community Housing project. It is the first step in the referral and application process and does not constitute an allocation of housing. Please refer to the Footscray Community Housing Information Sheet prior to completing this referral for further details of the building and household eligibility.

Households assessed as eligible from the information provided in this form will be contacted directly by phone/text through March to April 2025 to undertake a fuller Housing Needs Assessment, which will then be reviewed by the Footscray Allocations Panel. After which formal offers of housing may be made, and the opportunity to inspect the property prior to tenancy sign-up provided.

Households who are successful in being made an offer of housing should anticipate moving to Footscray during the period April to July 2025.

Please email completed forms to: tenancy@vincentcare.org.au

Confirm you have discussed this Referral with your Client and they have Consented to the sharing of their information for this purpose? Yes / No

Client Details

| | |
|--|--------------------------------------|
| First Name: | Last Name: |
| Preferred Name: | D.o.B: |
| Gender: Choose an item. | Intersex Variation: Choose an item. |
| Pronoun: Choose an item. | Sexual Orientation: Choose an item. |
| Country of Birth: | |
| Address (current postal): | Email: |
| | |
| Phone: | Is it safe to call/text this number: |
| Preferred Language: | Interpreter Required: Yes / No |
| | If Yes, which language: |
| First Nations: Yes / No | |
| VHR Application Number: | VHR Priority Category: |
| VHR Area Preferences: | |
| Income Type (list all household income): | |
| CRN: | |
| Medicare No. | Exp Date |
| License No. | Exp Date |

Referral Information

| | |
|---|---------------|
| Source of Referral (Organisation, Program): | |
| Worker Name: | |
| Date of Referral: | Worker Email: |
| Phone: | |
| Nature of Support provided: | |
| How long have you been supporting this household? | |



Household Information

| Household Type (single, couple, family): | | | | | | | |
|--|-------------|--------|--|---------------|---------------------|------------------|------------|
| Given Name | Family Name | Gender | | Date of Birth | Relationship to you | Country of Birth | Income/CRN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Footscray is a high-density housing development – is the household able to manage living independently within this density setting? Yes / No

Where is your client currently living? (eg. Transitional Housing / CSA / Private Rental etc):

How long have they been living here?

Where was the household living immediately prior to this (eg. tenure type – homeless; emergency accommodation; family etc)?

Other Information

| | |
|---|--|
| Health Information? <i>i.e. use a mobility scooter/walking frame, mental health, disability, communication?</i> | |
| Carer Information? <i>i.e. does any member of the household have a part-time or full-time carer?</i> | |
| Safety Concerns? <i>i.e. Personal Safety Order / Family Violence Intervention Order? Victim survivor or perpetrator?</i> | |
| Any tenancy concerns we should be aware of? <i>e.g. Aggression, rental arrears, hoarding etc?</i> | |
| Any unmet support needs? <i>i.e. legal, court, hoarding, finance etc.</i> | |
| Any pets? <i>i.e. type, number,</i> | |
| Do you own a car? | |



Internal Use Only

Yes Progress to HNA & Request further documentation

No Reason and action taken/by whom/date
