

## Referral Form

FOR NOMINATION ACCESS TO LONG TERM COMMUNITY HOUSING

### Applicant details

Date of referral	____/____/____		
Name of proposed tenant			
Date of Birth	____/____/____	Gender	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> I identify my gender as: _____ (please specify)
Victorian Housing Register Number		Priority Category	
Other Household members	Name: _____ Relationship: _____ DoB: ____/____/____ Name: _____ Relationship: _____ DoB: ____/____/____ Name: _____ Relationship: _____ DoB: ____/____/____ Name: _____ Relationship: _____ DoB: ____/____/____		
Current address			
Phone contact	(mob) _____ (landline) _____		
Income type	e.g.: NSA / DSP / YA / Austudy / waged PT / waged FT / other		
Weekly gross income			
Centrelink Reference Number			
Identify as Aboriginal/Torres Strait Islander?			
Main language spoken			
Country born (if not Australia)			
English proficiency	Spoken: _____ Written: _____		
Disabilities			

Administrator	<input type="checkbox"/> No <input type="checkbox"/> Yes    ... if yes, name of administrator & client reference #
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Referring Agency Details

Referral agency		
Contact person name		
Contact details (tel. & email)		
Client’s emergency contact person name/relationship	/	Tel:
Client consent for referral		

HOUSING SITUATION

Other known supports (Agency, Worker and contact telephone)
Behavioural challenges/tenancy risks
Health/Mental health concerns

**AOD treatment management plan/history**

**Additional information**