

SUPPORTED LONG TERM NOMINATION FORM

This form must be completed in full. Without full information and accompanying documentation, we will not proceed with the nomination and it will be returned for completion

Please attach the following documentation with the completed form:

<input type="checkbox"/>	Income – eg. Centrelink statement (no older than 28 days);
<input type="checkbox"/>	Current Bank Statement (2 months);
<input type="checkbox"/>	Two pieces of Identification – eg. Passport, drivers' licence, birth certificate, Medicare card, pension card.

Date		Property Address	
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PROSPECTIVE TENANT DETAILS

Name/s												
Date of birth												
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Indeterminate	<input type="checkbox"/>	Intersex	<input type="checkbox"/>	Prefer not to state	<input type="checkbox"/>		
Contact Number												
Email address												
Current address												
Centrelink CRN												
Country of Birth												
Main language spoken												
Does the client need an interpreter									Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the client's preferred communication method	email	<input type="checkbox"/>	Phone call	<input type="checkbox"/>	Face to face	<input type="checkbox"/>						
Does the client identify as Aboriginal or Torres Strait Islander?												
Yes - Aboriginal	<input type="checkbox"/>	Yes – Torres Strait Islander	<input type="checkbox"/>	Yes - both	<input type="checkbox"/>						No	<input type="checkbox"/>

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EMERGENCY CONTACT DETAILS

Contact name	
Relationship	
Contact's address	
Contact phone number	
Contact email address	

NEXT OF KIN (IF DIFFERENT TO EMERGENCY CONTACT)

In the event of an emergency should we advise the next of kin as well as the emergency contact?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Next of kin name			
Next of kin relationship			
Next of kin address			
Next of kin contact number			
Next of kin email address			

INCOME DETAILS

Income source 1		Fortnightly income	\$
Income source 2		Fortnightly income	\$

LEGAL GUARDIAN DETAILS

Does the client have a legal guardian/financial administrator		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Legal guardian/financial administrator's name					
Legal guardian/financial administrator's company					
Legal guardian/financial administrator's address					
Legal guardian/financial administrator's contact number					
Legal guardian/financial administrator's email address					

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CLIENT HEALTH

Does your client have a disability (physical/mental/intellectual etc).?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please specify your client's disability					
Is the client NDIS eligible		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the client have an NDIS plan		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the plan number					
Is Housing and support included in the client plan		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Who is the NDIS Support Coordinator					

CLIENT RISK AND NEEDS ASSESSMENT

You must complete this section as accurately as possible. This information is held in confidence and will be used to aid workers to understand the tenant's needs and ensure housing can be sustained.

FURTHER INFORMATION REGARDING DISABILITY

Please provide details if any of the boxes apply		
Current or History of illness or disability	Formal diagnosis	Current mitigation/interventions
Does your client require property modifications?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe required modifications		

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LEGAL/FORENSIC

Please provide details if any of the boxes apply

Bond	<input type="checkbox"/>	Parole	<input type="checkbox"/>	Child Custody	<input type="checkbox"/>	Other	<input type="checkbox"/>	None	<input type="checkbox"/>
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Details

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Is there a history of violent or sexually abusive behaviours?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please specify risks

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ALCOHOL AND OTHER DRUGS

Please provide details of client's use, frequency and mitigation/interventions in place

Current Use	Frequency	Mitigation/interventions

Has your client had any Alcohol Detoxification or Rehabilitation recently?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide details

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ADDITIONAL RISK

Please select any of the below that present additional risks for the client, then provide details and mitigation strategies

Risk Area		Details	Current Mitigation
Suicide	<input type="checkbox"/>		
Deliberate harm to self	<input type="checkbox"/>		
Risk to others	<input type="checkbox"/>		
Risk to property	<input type="checkbox"/>		
Neglect of mental health	<input type="checkbox"/>		
Neglect of physical health	<input type="checkbox"/>		
Vulnerability	<input type="checkbox"/>		

SUPPORT AGENCY DETAILS

Support agency name	
Support agency email	
Support agency phone number	

Case Manager name	
Case Manager phone number	

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Case manager email address				
Support worker name				
Support worker Office phone number				
Support worker mobile phone number				
Support worker email address				
How long has the client been engaged with your support services				
Has the client previously been housed with Housing Choices Australia (including Supported Housing Ltd and Melbourne Affordable Housing)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

HOUSEHOLD DETAILS

Household type	Single	<input type="checkbox"/>	Couple	<input type="checkbox"/>	Family	<input type="checkbox"/>	If family, how many members	
List additional household members if applicable								
Name	Relationship	Gender	Date of birth	Income				

Does the client(s) have pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, specify							
<i>NB: The tenant will require Landlord permission to keep a pet</i>							
What is the client's current living arrangements?							
Staying with friends / family temporarily	<input type="checkbox"/>	Crisis, refuge or emergency accommodation	<input type="checkbox"/>	Coming from prison	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify							
Has the nominated client an approved VHR application in place							
<input type="checkbox"/>	Yes	Application number					
<i>An applicant must have an approved VHR application in place to be eligible for Supported Long Term Housing</i>							

SUPPORTED LONG TERM NOMINATION

Your completed nomination will be reviewed as soon as possible, and you can expect to receive a response by the end of the following business day.

The information collected on this form is to assess eligibility for supported long term housing with Housing Choices Australia. This information will only be used for the purpose of eligibility for housing and the suitability of the proposed property, and the rent to be charged.

This form will be kept in a secure office and the information will only be shared with third parties if the client consents to this (unless the law requires us to do otherwise).

Important:

- **Without full information we will not be able to assess this nomination for housing,**
- **Two weeks rent in advance is required at time of sign-up for the property, if this is not possible please discuss further with the relevant Housing Officer.**

Submitting the nomination and contact details

Email: Email to the relevant Housing Team Leader or
Housing Officer

Fax: 1300 312 737

Phone: 1300 312 447