



Western Adelaide Aboriginal Specific Homelessness Service Accommodation Referral Application

Annie Koolmatrie House / Cyril Lindsay House

Phone: (08) 8243 1698 Fax: (08) 8244 9104

All referrals to reception@asg.org.au

Referral Details
Date of referral
Person making the referral
Position Title
Agency
Phone
Email
I confirm I am currently working with this applicant Signature: _____

Informed Consent
Is the applicant aware the AKH/CLH accommodation is a short term 12 week Crisis Accommodation service with case management supports? YES / NO
Has the applicant consented to this referral application? YES / NO – The application will not proceed if No
Applicant Consent / Release of Information signed YES / NO
Ensure a letter of support is included with this referral YES / NO – The application will not proceed if No

Prior to lodging this Accommodation / Referral Application
<ol style="list-style-type: none"> 1. Ensure a letter of support is included with this application. 2. Ensure all sections of this application are completed. 3. Ensure applicant and agency representative has signed this form.

Client Information	
Name:	DOB: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Current Address:	Phone: _____ Email: _____
Does the applicant identify as Aboriginal or Torres Strait Islander?	Yes / No
Applicants community of origin	
Does the applicant require an interpreter?	Yes / No If Yes what language?



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Client Income			
Does the applicant have income Yes / No	Description of Income	Centrelink / CRN	Medicare Number

Children Details		
Name:	DOB:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Name:	DOB:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Name:	DOB:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

Accommodation / Type of Service Request			
What type of accommodation is the applicant seeking? (please tick one)	Crisis Accommodation	Case Management	Requested entry date

Current Housing circumstances	
Please indicate which of the following best describes the applicant's situation.	
No tenancy in Adelaide	<input type="checkbox"/>
Rough sleeping / Parklands	<input type="checkbox"/>
Overcrowding / Disruptive tenancy	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Department of Corrections	<input type="checkbox"/>
Other	<input type="checkbox"/>

How long has the applicant experienced their current housing situation	
1-6 months	<input type="checkbox"/>
6-12 months	<input type="checkbox"/>
12 plus months	<input type="checkbox"/>
Have other housing options been explored with this applicant? If you responded Yes, please describe below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the applicant(s) connected with multiple agencies, if so which agencies	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Accommodation History	
If the applicant has been accommodated, what type of accommodation (tick all that apply) below:	
Private rental	<input type="checkbox"/>
Public / Community Housing	<input type="checkbox"/>
Supported Accommodation	<input type="checkbox"/>
Boarding House	<input type="checkbox"/>
Family / Friends	<input type="checkbox"/>
Other type of tenure (please describe)	<input type="checkbox"/>
What was the length of time spent in accommodation?	Months / Years

Main reason/s for leaving previous accommodation:		
<input type="checkbox"/> Lease ended	<input type="checkbox"/> DV / Family Violence	
<input type="checkbox"/> Lack of income	<input type="checkbox"/> Behavioural	
<input type="checkbox"/> Unsuitable accommodation	<input type="checkbox"/> Evicted	
<input type="checkbox"/> Other		
Is Private Rental accommodation an option for this applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Applicant Consent / Release of Information
<p>The contents of this authorisation have been explained to me, I authorise and give consent for the referring agency to make a referral / application for accommodation / case management support services on my behalf to (ASG) Western Adelaide Aboriginal Specific Homelessness Service staff.</p> <p>By signing this form, I give (ASG)Western Adelaide Aboriginal Specific Homelessness Service staff permission to disclose Information it holds about me and members of my household to the agency listed below:</p> <p>Applicant Signature: _____ Date _____</p>

Agency name:	Contact worker	Phone
Agency name:	Contact worker	Phone