

Rent Choice Referral Form

This form is to be completed by the support agency intending to support the client during the time they receive the Rent Choice subsidy. This referral form should be submitted along with the Client Consent to Share Information and the Independence Support Plan to be assessed for approval.

Please use BLOCK LETTERS and print in black or blue pen only. Please mark relevant boxes with an ☒. If you need more room to answer any section, please include details on a separate page and attach it to this form. For information or assistance with this form, phone 1800 422 322, 24 hours a day, 7 days a week.

Rent Choice Product

☐

Start Safely

☐

Youth

☐

Veterans

☐

Transition

Client reference number

T-File number

Client details

Title

Address

Last name or family name

First and middle name(s)

Contact details

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact number

Email

Date of birth

Age

Gender

☐

Male

☐

Female

☐

Other

Country of birth

Are you of Aboriginal or Torres Strait Islander descent?

☐Yes
give details☐

No

☐

Aboriginal

☐Torres Strait
Islander☐Aboriginal
and Torres
Strait Islander

What is the main language you speak at home?

☐ English

☐ Other
give details

Income details

Type of income	Paid	Amount of income
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$

Details of other household members

Name	Date of birth	Relationship to applicant	Income Source & Amount

Is any household member expecting a baby?

☐ Yes
due date

☐ No

Priority Groups

Is the client experiencing any of the following?

☐ Leaving Out of Home Care

☐ Currently homeless or at risk of homelessness

☐ Leaving a Juvenile Justice program

☐ Experienced domestic or family violence or family breakdown

☐ Leaving a Social Housing Property

☐ Leaving Correctional Facility

☐ Leaving military

☐ Leaving Rehabilitation Facility

Has the client been on active service during war time and/or in a n operational area during peace keeping operations, after August 1990?

☐ Yes

☐ No

Funded Support

Is the client supported by a funding package/ DVA benefits?

☐ Yes
give details

☐ No

For example: Parental Responsibility to the Minister, After Care plan, NDIS plan, Gold Card, White Card, Orange Card etc.

Details of Support Agency

Name of agency

Address

Support worker

Contact details

Contact number

Email

Is this agency SHS funded?

☐

Yes

☐

No

Support Needs

Is the client linked to case management support?

☐

Yes

☐

No — go to Client Issues and Specialist Support

Program name

Intensity of support

☐

Low -
< 1 hour p/w, brief
contact, occasional
referral, maintenance
only, no crisis

☐

Medium -
<8 hours of
support, > 1 hour
support p/w:
active case plans

☐

High -
Multiple
professional
services: 8+
hours of support
p/w

Length of time the client been using this service

Client Issues and Specialist Support:

complete all support issues below

Support	Yes - pending	Yes - Referred	Yes - Provided	No
Family relationships (including parenting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug & alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community links/support networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent living skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Agencies Involved with the Client

Agency	Nature of involvement

Housing Details

Where is the client currently living?

☐

Private rental — Go
to next Question

☐

Boarding house/ Caravan

☐

Motel

☐

Family / friends

☐

Hospital/rehabilitation

☐

Correctional Centre

☐

Refuge

☐

Streets

☐

Out of Home Care

☐

Transitional Accommodation

☐

Defence Housing
Australia

☐

Military Base

☐

Home for Heros

☐

Social Housing

☐

Other
give details

Why does the client need to leave their current accommodation?

Anticipated exit date from
current accommodation

Does the client have a current private rental
tenancy at risk?

☐

Yes
give details

☐

No — go to Employment and
Education/Training section

What steps that have been taken to
address these issues?

For example: other housing products

Has the client or tenancy been issued with a
Notice of Termination?

☐

Yes
expiry date

☐

No

Has an application for Housing Assistance
been submitted

☐

Yes
date submitted

☐

No

Is the client registered on a tenancy
database (e.g TICA)?

☐

Yes

☐

No

Employment and Education/Training

Current employment/education status

Is the client currently undertaking any studies?

☐

Yes
give details

☐

No — go to next Question

Type of Study	Education/training provider	Level of Attainment Sought
School		
TAFE		
University		
Registered Training Organisation		
Other		

Expected completion date

Is the client currently employed?

☐

Yes
give details and go
to next Section

☐

No — go to next Question

Name of employer	Position	Full Time / Part Time	Casual / Permanent	Hours/week

If the client is not currently employed is the client linked in with an employment agency or Job Network Provider?

☐

Yes
give details of the
linked employment
agency / Job
network provider

☐

No

Section E - Sustainability & Commitment

Is the support provider able to maintain support for the duration of the tenancy and provide information for quarterly reviews?

☐

Yes

☐

No

Is a personal support plan attached outlining the support offered to the client and how the client will sustain the tenancy at the conclusion of the subsidy?

☐

Yes

☐

No

Does the client understand the requirements of the program and has signed the personal support plan?

☐

Yes

☐

No

Does the client understand the tapering of their subsidy will gradually reduce the amount that Homes NSW pays until they will be required to pay the full market rent?

☐

Yes

☐

No

Additional Homes NSW Private Market Assistance products

Will the client require any of the following?

- ☐ Bond Extra
- ☐ Rentstart Bond Loan—Apply by phone, online or speak to your local office
- ☐ Brokerage

Support Agreement

Given that this subsidy is only available for a maximum of 36 months, support agencies and the client will need to demonstrate that there is capacity, with support, for the client to be able to maintain a tenancy at the end of the subsidy period.

The **agency** agrees to coordinate support for the above client as outlined in their attached Independent Support Plan during their participation with the Rent Choice Program.

Agency Name

Name of worker

Signature

Date

Name of witness

Signature of witness

Date

The **client** agrees to the support outlined in their attached Independence Support Plan during their participation with the Rent Choice Program.

Name

Signature

Date

Name of witness

Signature of witness

Date

This referral also requires attached:

- 1) A signed Consent to Exchange Information Between a Social Housing Provider and Support Workers Forms
- 2) A completed Rent Choice Independence Support Plan which details both challenges and needs around housing, employment/education or training and any other relevant issues impacting on the person.

It should capture goals, strategies/actions to address challenges, people responsible and timeframes for achievement

Applications without detailed Support Plans will NOT be considered.

For clients under 18 or with a significant barrier, ensure that an Independent Living Skills Assessment form is submitted to Housing Pathways or attached with this referral.