

## 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

Phone

Mobile

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  No  
 due date

**Priority Groups**

Is the client experiencing any of the following?

<input type="checkbox"/> Leaving Out of Home Care	<input type="checkbox"/> Currently homeless or at risk of homelessness
<input type="checkbox"/> Leaving a Juvenile Justice program	<input type="checkbox"/> Experienced domestic or family violence or family breakdown
<input type="checkbox"/> Leaving a Social Housing Property	<input type="checkbox"/> Leaving Correctional Facility
<input type="checkbox"/> Leaving military	<input type="checkbox"/> 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  No  
 give details

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

Phone

Mobile

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 DCJ pays until they will be required to pay the full market rent?

Yes

No

## Additional DCJ 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.