

Rent Choice Quarterly Client Review Form

This form is to be completed by the DCJ Private Rental Specialist for Rent Choice Start Safely or Assist, the Support Provider for Rent Choice Youth or RSL DefenceCare for Rent Choice Veterans when conducting a Rent Choice quarterly review. It is to be completed by the client's Support Provider/RSL DefenceCare every 3 months and returned to DCJ within 14 days.

This review can be conducted either in person or via the telephone. Use the ['Rent Choice Review Guide - Client Circumstances'](#) when completing this review.

T File Number	Client reference number	Rent Choice Housing Option Ref		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Start Safely	<input type="checkbox"/> Youth	<input type="checkbox"/> Veterans	<input type="checkbox"/> Transition	<input type="checkbox"/> Assist

SECTION 1 - DCJ internal use - this section is filled out before sending the form to the support provider or RSL DefenceCare, or being progressed by DCJ staff

Details of Review

Review Due Date	<input type="text" value="DD/MM/YYYY"/>
Subsidy Start Date	<input type="text" value="DD/MM/YYYY"/>
Which review is this? (month)	<input type="text"/>

Note: If this is the FINAL REVIEW OR 36 MONTHS complete the "Program Exit and Evaluation" form instead

Client Details

Title	<input type="text"/>
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Email	<input type="text"/>
Mobile	<input type="text"/>

Income and Rent (Prior to review)

Date of Income Check	<input type="text" value="DD/MM/YYYY"/>
Verified on ICS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current total income	<input type="text" value="\$"/> Per week
Current market rent	<input type="text"/> Per week
Client's rent payment (includes CRA)	<input type="text"/> Per week
DCJ subsidy payment	<input type="text"/> Per week
% of income	<input type="text"/> %

Property Address and Managing Agent/Landlord

Unit/House number

Street/Avenue

Town/Suburb Postcode

Managing Agent/Landlord

Email

Mobile

SECTION 2 - Support provider, RSL DefenceCare or DCJ to complete prior to client interview

Client's Tenancy Management

The managing agent/landlord has been contacted and indicated:

Any issues with property care Yes No

Any issues with rent payments Yes No

Has Antisocial behaviour been reported Yes No

Any Breaches of tenancy agreement (e.g. abandoned, NCAT ended, eviction) Yes No

A rent increase is pending Yes No

Record details if "Yes" was answered for above questions

SECTION 3 - To be completed during the interview with client

Goals/Independence support plan — Please have the clients ISP available for reference

Start by broadly discussing with the client how they have been managing their tenancy. The following topics are potential areas for focus:

- Rent/tenancy
- Education/employment
- Parenting/childcare
- Schooling/after school care
- Property care
- Social well-being
- Child support
- Access visits
- Finances/budgeting
- Physical and mental Health
- Personal safety and security
- Risks to children

Housing stability and money management

1. Does the client have any identified goals relating to housing stability and money management? Yes No - Discuss whether having a goal in this area would be of benefit, and add any to table below. If not, move to next topic

2. How does the client feel they are progressing on goals? (add progress notes for each in table below)

BRIEF DESCRIPTION/ NAME OF GOAL	POSITIVE OUTCOMES AND ACHIEVEMENTS	BARRIERS AND CHALLENGES	WHAT WILL THE CLIENT DO TO ACHIEVE PROGRESS IN THE NEXT THREE MONTHS?

3. Would you like to set any new goals for yourself in this area? Yes - (Add to ISP) No

Describe:

Health and Wellbeing

4. Does the client have any identified goals relating to health and wellbeing? Yes No - Discuss whether having a goal in this area would be of benefit, and add any to table below. If not, move to next topic

5. How does the client feel they are progressing on goals? (add progress notes for each in table below)

BRIEF DESCRIPTION/ NAME OF GOAL	POSITIVE OUTCOMES AND ACHIEVEMENTS	BARRIERS AND CHALLENGES	WHAT WILL THE CLIENT DO TO ACHIEVE PROGRESS IN THE NEXT THREE MONTHS?

6. Would you like to set any new goals for yourself in this area? Yes - (Add to ISP) No

Describe:

Education/Training

7. Is the client participating in education/training? Yes - (give details below) No - go to question 8

EDUCATION/TRAINING PROVIDER	COURSE NAME OR FIELD OF STUDY	COURSE LEVEL E.G. YEAR 10, DIPLOMA	START DATE OR WAITLIST	EXPECTED COMPLETION DATE MM/YY
<input type="checkbox"/> School				
<input type="checkbox"/> Transition to work scheme				
<input type="checkbox"/> TAFE or other vocational training provider				
<input type="checkbox"/> University				
<input type="checkbox"/> Other				

8. Does the client have any identified goals relating to education and training? Yes No - Discuss whether having a goal in this area would be of benefit, and add any to table below. If not, move to next topic

9. How does the client feel they are progressing on goals? (add progress notes for each in table below)

BRIEF DESCRIPTION/ NAME OF GOAL	POSITIVE OUTCOMES AND ACHIEVEMENTS	BARRIERS AND CHALLENGES	WHAT WILL THE CLIENT DO TO ACHIEVE PROGRESS IN THE NEXT THREE MONTHS?

10. Would you like to set any new goals for yourself in this area? Yes - (Add to ISP) No

Describe:

Employment

11. Are you working at present? Yes No - go to question 13

12. If working, tick all that apply
- Full time
 - Part time
 - Apprenticeship
 - Casual
 - Permanent

13. Does the client have any identified goals relating to employment? Yes No - Discuss whether having a goal in this area would be of benefit, and add any to table below. If not, move to next topic

14. How does the client feel they are progressing on goals? (add progress notes for each in table below)

BRIEF DESCRIPTION/ NAME OF GOAL	POSITIVE OUTCOMES AND ACHIEVEMENTS	BARRIERS AND CHALLENGES	WHAT WILL THE CLIENT DO TO ACHIEVE PROGRESS IN THE NEXT THREE MONTHS?

15. Would you like to set any new goals for yourself in this area?

Yes - (Add to ISP)

No

Describe:

Engagement with support and brokerage

16. Does the client think/feel they are getting the support they need?

Yes - go to question 18

No

Details:

17. What do they think would help them feel supported?

18. Is there a current need for brokerage assistance?

Yes

No

If yes please submit proposed Brokerage Expenditure Plan

19. What level of support does the client require for the next three months?

LOW

Less than 1 hour p/w, brief contact occasional referral, maintenance only

MEDIUM

Less than 8 hours and more than 1 hour of support p/w, active support plan

HIGH

Multiple professional services: 8+ hours of support p/w, consider assessment for priority housing

SECTION 4 - To be completed during the interview with client

Income

Complete this section:

- If this is the 9, 15, 21, 27 or 33 month review, and/or
- if the client's income has changed in the last 3 months, and/or
- if the household complement has changed in the last 3 months.

Note - A Rent Choice Subsidy and Change of Circumstances Form should be completed if there has been a change in household circumstances.

20. Is the client or household income different to total income shown on page one?

No change - Go to section 5

Increased

Decreased

Date from:

21. Has there been a change to household members?

Yes

No

Details:

22. Have you already informed DCJ about these changes?

Yes

No

If "No" complete and attach the Rent Choice Subsidy and Change of Circumstances Form (DH2029) and provide supporting documents

SECTION 5 - Discussion with client during the interview

Please refer to the "Rent Choice Review Guide - client circumstances" Tables for guidance.

Note comments on client's progress and review recommendation:

TAPERING DISCUSSION

Skip to Section 7 if tapering is not due or client is not to be tapered.

Explain what the new rent will be after the taper. Discuss possible impacts and the client's perspective.

Note client's comments and concerns:

SECTION 6 - To be completed by support provider/RSL DefenceCare/DCJ; following tapering discussion

TAPERING RECOMMENDATION

Skip this section if the client is:

- grandfathered from subsidy tapering
- in first 9 months of receiving a Rent Choice Subsidy
- exiting before 14 months (ready to move on or not meeting requirements)

Number of Subsidy Tapers previously applied (0, 1, 2, 3 or 4):

What is your recommendation based on the current Subsidy Taper Assessments? (9, 15, 21, 27 and 33 months reviews)

Apply taper with increase effective next review

Variation to taper with increase effective next review

Not Applied – Reassess at next review

Close – no assessment (e.g. client may be due to exit in next few months or subsidy is less than \$50)

Comments:

SECTION 7 - Client Sign-off

Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation, or with the intention of retaining or continuing to obtain a benefit to which the person knows that they are not entitled, fail to notify DCJ of any relevant changes of circumstances, within 28 days of the change occurring. DCJ may refuse further assistance or prosecute anyone who wilfully makes any false statements as a result of which they obtain accommodation or other financial benefit of any kind.

Client name

Client signature

Date

DD/MM/YYYY

(OR) Interview name and signature on behalf of client following telephone interview

Interviewer name

Interviewer signature

Date

DD/MM/YYYY

SECTION 8 - To be completed and signed by support provider/RSL DefenceCare/DCJ; after interviewing client

Please refer to the 'Review and Tapering Outcomes Indicators' Table for guidance on recommendations

Program recommendation and interview sign-off

What do you recommend on the basis of this review?

Client extended next 3 months

Client extended—expected to exit in 3 months

Is a priority housing referral needed?

Yes

No

Assessing Officer's name:

Assessing Officer's signature:

Support Agency (Rent Choice Youth /
DefenceCare):

Date

DD/MM/YYYY

SECTION 9 - DCJ internal use - this section is filled out by DCJ after the form has been completed by and returned to DCJ

Review Outcome

What is the outcome of this review?

Client extended next 3 months

Client extended - expected to exit in 3 months

Is a priority housing referral needed?

Yes

No

Approving Officer's name:

Approving Officer's signature:

Date

DD/MM/YYYY