

Office of Housing
RECURRING HOMELESSNESS APPLICATION

RECOMMENDATION

NAME OF SERVICE PROVIDER.....

NAME OF CLIENT.....

I do recommend.....(client's name) be approved for public housing by the Office of Housing. The client is considered to meet all the necessary eligibility criteria under the Recurring Homelessness Segment.

Notice to client

The information used in this assessment has been gathered solely for the purpose of assessing this application and will be used for no other purpose.

I confirm that the personal information provided in this Application is true and accurate. I agree to it being forwarded to the Office of Housing by this agency. I further authorise the Officer acting on behalf of the Director of Housing to seek clarification of information where required.

Signature of Client:.....**Date:**.....

Recurring Homelessness Status effective from:...../...../.....

Assessed by:..... Date:/.../....

Signature of Agency worker.

Participating Agency Name

Endorsed by Date:/.../....

Name of Participating Agency Manager

OoH Office Use Only:

Regional Panel members:
.....
.....
.....
.....

Regional Panel Decision:

Approved/Not Approved/Resubmit
(Please circle)

Date:/.../....

Section A - Eligibility Confirmation

PUBLIC HOUSING ELIGIBILITY CONFIRMATION

The following questions relate to the client’s general eligibility for public housing which needs to be confirmed **before** undertaking the Recurring Homelessness Assessment Framework. A client must have a current application for public housing with the Office of Housing. Early identification of any issues which may affect the client’s access to public housing is essential. Your local Housing Office can assist to confirm details regarding the client’s public housing application and/or previous tenancies where necessary.

- A. Does the client have a current application for public housing? (yes/no)
- B. If yes, please provide the application’s registration number (if known)
(If no, please arrange for client to complete an Application for public housing).
- C. Does the client meet Priority Housing income/asset eligibility criteria.....(yes/no)
(If ‘no’, do not continue with completion of the Recurring Homelessness Application, as client is ineligible for ‘Recurring Homelessness’ assistance).
- D. Does the client require a specific housing type due to a serious medical condition or disability?.....(yes/no). Please include details in assessment.
- E. Has the client been a previous public housing tenant?(yes/no)
- F. Are there any outstanding debts from previous public housing tenancies?(yes/no)
- G. Has the client ever been evicted from public housing for anti-social activities?.....(yes/no)
- H. If there was a ‘yes’ in any of the questions from E - G, please complete the following:

ADDRESS	TENANCY PERIOD	ANTI - SOCIAL EVICTION Y OR N	DEBT AMOUNT

- I. Has the client ever obtained Bond assistance from the Office of Housing?(yes/no)
If yes, please provide address of rented premises:
.....
- J. Has the Bond Loan been returned to the Office of Housing?(yes/no)

The above information supplied to this Agency(name of Agency worker) by(name of OoH staff member) by telephone/letter/ in person (please circle) on/..../.... (date).

Household Details

Please provide details of all people to be housed under this application.

First Name	Family Name	Date of Birth	Relationship to applicant	Female/ Male

Preferences

Please provide your 3 area preferences

1.	
2.	
3.	

Section B - Recurring Homelessness

CATEGORY 1 - Current Housing Circumstance

Tick one of the 3 boxes to confirm accommodation status and circle yes or no whether appropriate documentation is attached.

ACCOMMODATION STATUS

<input type="checkbox"/> THM ARRANGED/MANAGED ACCOMMODATION Provide details of other housing options explored. For example: Temporary accommodation in boarding house, private hotel, private rental etc.

<input type="checkbox"/> CRISIS ARRANGED/MANAGED ACCOMMODATION (not transitional housing) Documentation required: Written or documented verbal confirmation from a specialist worker of a Government funded agency..... Yes/No

<input type="checkbox"/> RESIDING IN UNSAFE HOUSING (due to family violence or other violence or abuse) Documentation required: Current: Intervention Order, Family Court Order, written confirmation or file note, or documented verbal advice from the Police that criminal proceedings have commenced against alleged assailant Yes/No <ul style="list-style-type: none">• If applicant unable to commence legal proceedings for fear of further risk, written confirmation from: Appropriately funded Government support service to victims of violence.....Yes/No or Letter or documented verbal advice from a solicitor or the Police confirming experience of family violence or other violence or abuse.....Yes/No
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Category 1 Summary Notes

Assessed As: Level 1 Level 2 Level 3

CATEGORY 2 - Housing History

Tick one of the 2 boxes to confirm Housing History details and circle yes or no whether appropriate documentation is attached.

ABILITY TO MAINTAIN HOUSING

<input type="checkbox"/> Ability to Maintain Housing (frequent breakdown in housing).
Documentation required:
Written or documented verbal confirmation from a specialist worker of a Government funded agency who is assisting client that details:
1. at least 3 breakdowns in housing in the past 2 years
2. Significant issues that contributed to the breakdowns, and
3. That, where possible, these have been confirmed independently by 3 sources..... Yes/No
(Examples of sources: Landlords, Real Estate Agents etc.)
→ Provide a description of contributing factors such as; rent arrears, relationship with landlords, anti social behaviour, property damage, fixed term lease etc.
→ Indicate where advice from SAAP agencies, refuges, crisis services etc. have been sighted and confirm the client's history.
→ Provide previous addresses.

Category 2 Summary Notes

Ability to maintain housing

Assessed As: Level 1 Level 2 Level 3

CATEGORY 2 - Housing History -continued

EVICTION HISTORY

Eviction History (history of repeated evictions/barrings by a number of agencies).

Documentation required:

Written or documented verbal confirmation from a specialist worker of a Government funded agency, that the client's eviction history has been validated drawing upon the following sources of information.....**Yes/No**

- VCAT Notice - give date when client must vacate property
- Any former notices on previous tenancies
- Written or verbal advice from the Police that an eviction will/has occurred.
- Foreclosure of mortgage - notice from the bank or financial institution.

Category 2 Summary Notes

Eviction History

Housing History

Under this section, there is a need to identify factors relating to the applicants housing history showing at least 3 breakdowns in housing in the past 2 years. This should include:

1. **1.** Current housing situation (first box)
2. **2.** Significant issues that contributed to the breakdowns
3. **3.** Applicants involvement with SAAP/THM agencies, refuges, crisis services as it relates to their housing history
4. **4.** That, where possible, three of these housing situations have been confirmed (this can be either written or verbally confirmed to worker)- eg TICA registration, VCAT documentation, OoH history, landlord or Real estate agent or others.

Current Accommodation

1. Dates.....to.....
Address.....

2. Dates..... to.....
Address.....

3. Dates.....to.....
Address.....

Assessed As:Level 1

Level 2

Level 3

CATEGORY 3 - Risk Factors

Tick one of the 3 boxes to confirm Risk Factor details and circle yes or no whether appropriate documentation is attached.

SOCIAL AND RELATIONSHIP ISSUES

<input type="checkbox"/> Social and Relationship Issues (significant family issues, neglect, family conflict etc).
→ Significant interpersonal issues between household members that adversely affect the household's chances of acquiring a private tenancy, and/or
→ Issues affecting relationships with other parties, including displacement from important support networks, critical to securing and keeping private tenancy.
Documentation required:
Written or documented verbal confirmation from a specialist worker of a Government funded agency that significant social and/or relationship issues exist and that they impact on the client's ability to access or remain in appropriate housing..... Yes/No

Category 3 Summary Notes Social and Relationship Issues

Assessed As: Level 1 Level 2 Level 3

Section C - Support Needs Confirmation

Please complete the following questions regarding the client's support needs profile:

Will the client require ongoing support to maintain a public housing tenancy ?.....Yes/No

If no, why not ?

(ie: if a client has been identified as having some issues within Category 3 which impact on her/his capacity to access private rental, the worker undertaking the assessment will need to articulate why these issues will not adversely affect the client's capacity to maintain a public housing property without support.)

If YES, is a case-plan in place to ensure that necessary support is available in the medium to long term?Yes / No (Refer to Case Plan below)

SUPPORT PLAN FOR HOUSING

PRIORITY	ACTION	WHO IS RESPONSIBLE	DATE TO DO BY	TICK WHEN DONE	PROGRESS / REVIEW NOTES (RELATED TO ACTION)

Worker's Contact name:.....

Telephone number: (...).....

Agency Name:.....