

Referral Form for Social Housing Advocacy & Support Program (SHASP) Or Office of Housing, Housing Support Coordinator

Date of Referral:

Referring Office/Agency:

Referring Worker:

Current HSO:

Tenant / Applicant Details

Name:

Sex: (M/F/U) DOB:

Address:

App/Account No:

Home Telephone:

Mobile:

Preferred Language:

Interpreter Required:

Tenant Aboriginal or Torres Strait Islander:

Referral for:

(Please double click on box & then select "Checked")

Assistance to Early Housing
(Transfers)

Establishing a Successful Tenancy:
(New Tenancies)

At Risk Tenancy:

Housing Support Coordinator:

(OoH Action – Arrears, Breach, Danger)

(No SHASP Consent)

Household Members

Name	Date of Birth	Relationship

Current Housing/Application Status

Early Housing Segment:

Tenancy Start Date:

Current Account Status:

VCAT Pending:

Date of Hearing:

Previous Tenancy History

Address	Length of Tenancy	Outstanding Debts	Known Issues

Approved by
Last reviewed

Celia Adams
August 5th 08

Version
Scheduled review date

1
August 09



Assessment of Tenancy & Support Needs

Current Housing Related Actions to Date:

Home Visits: Telephone: Letters: Appointments: VCAT: Other:
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Desired Outcome:

Agreement: Direct Debit: Property Clean Up:	Neighbourhood Dispute Resolved: Engage with support services:
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Support Issues	Comments
Aged Care / Disability	
Cultural Issues	
Domestic Violence/ Neighbourhood Dispute	
Financial/Arrears/Gambling	
Mental Health	
Current Housing	
Living Skills/Isolation	
Relationship/Family	
Substance Abuse	
Literacy/Numeracy	
Other	

Any Worker Safety Issues:

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Urgency Rating: Urgent, Moderate, Non Urgent (Please highlight or circle relevant option)

Details of Urgency:

Current Support Agencies

Agency	Contact Name	Phone/Email

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Form of Authority
For release of information to the Office of Housing and
Rural Housing Network Limited

I/We _____ (Name)

of _____

agree to be referred to the Social Housing Advocacy Program (SHASP), Rural Housing Network Limited for support to my tenancy. I am aware that the information on this document will be provided to the SHASP and this service has been explained to me by the referring organisation. I hereby give permission to the SHASP program to use the information on this form for data collection purposes and have been advised that this referral does not guarantee me of support as it is dependant on available positions in the program.

Signed _____ Witness _____

Date _____ Date _____

Verbal Consent: Yes/No

File Note confirmation recorded on ISIP on _____ (Date)

Please email or fax completed form to Kate Meehan, Office of Housing Referral Coordinator at kate.meehan@dhs.vic.gov.au or (03) 57 220 613.

For further information of the SHASP or Housing Support Coordinator support services please contact:

Kate Meehan: Housing Support Coordinator
Office of Housing
Phone: (03) 57 220 555
Email: kate.meehan@dhs.vic.gov.au

Celia Adams: Manager Housing Support Services
Rural Housing Network Limited
Phone: (03) 58 33 1000
Email: cadams@rhnl.org.au

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