

BUNGREE SPECIALIST HOMELESSNESS SERVICES

Intake Referral Form

Referral Date: Referring Agency:
Referent Name: Contact Number:

CLIENT DETAILS

Name: Preferred Name:

Date of Birth: Aboriginal: **YES** **NO** Sex: Male Female

Address:

Is the client Aboriginal / Torres Strait Islander **YES** **NO** Does the client have Confirmation of Aboriginality **YES** **NO**

Does the client have a partner **YES** **NO** if yes, provide details

Partner Name..... DOB..... Age.....

Aboriginal/Torres Strait Islander **YES** **NO** Does the partner have Confirmation of Aboriginality **YES** **NO**

Contact No

TRANSPORT

Do you own a registered car **YES** **NO** Car Seats **YES** **NO**

HOUSING DETAILS

Does the client or partner have a current application lodged with Homes NSW? **YES** **NO**

Homes NSW T – File number Homes NSW Application number.....

Does the client or partner have a debt with or any other landlord in NSW or any other states? **YES** **NO**

How much is the debt? Is there a payment plan in place with or another landlord **YES** **NO**

Is the client or partner listed on TICA? **YES** **NO** (If unsure follow up with Bungree Housing Officer to complete TICA check)

ACCOMPANYING CHILDREN

Child's Name: Date of Birth:/...../..... Age..... **M / F** (please circle)

Aboriginal Torres Strait Islander Enrolled in Day Care / Preschool / School **YES** **NO**

School name Contact No.

Child's Name: Date of Birth:/...../..... Age..... **M / F** (please circle)

Aboriginal Torres Strait Islander Enrolled in Day Care / Preschool / School

School name Contact No.

Child's Name: Date of Birth:/...../..... Age..... **M / F** (please circle)

Aboriginal Torres Strait Islander Enrolled in Day Care / Preschool / School

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School name Contact No.

Child's Name: Date of Birth:/...../..... Age..... **M / F** (please circle)

Aboriginal Torres Strait Islander Enrolled in Day Care / Preschool / School

School name Contact No.

INCOME

Is client and or any other family member receiving wage or Centrelink payments? **YES** **NO**

If yes to Centrelink, please provide name of benefit received (attach copy income statement or wage summary to clients file)

Are the income details attached? **YES** **NO**



Reason for Referral

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Housing

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Family Dynamics / Family Violence

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Substance Use

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Diagnosed Disability YES NO

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Medical Issues YES NO

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Legal Issues YES NO

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Financial Position or Hardship

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ALTERNATIVE CONTACT DETAILS

Name: Surname:

Relationship to person referred: Home No..... Mobile:.....

Privacy Statement - The referring agency must receive verbal consent for the referent to send the information contained in this Referral document to Bungree Specialist Homelessness Services

Consent obtained **YES** **NO**

OFFICE USE ONLY

Referral: Accepted Declined

If declined, note reason:
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Support Commencement Date

Intake Worker's Signature Date:/...../.....

Allocated SHS Case Worker

Bungree SHS Team Leader Signature..... Date:/...../.....

Case Management Scale

LOW Quick turnaround i.e. Phone, referral, completing forms, advocacy, Housing other pathway

MEDIUM Taking to appointments, Advocacy, NCATT, Brokerage, Rental arrears, Housing Inspections, Completion of Rental forms, Risk of becoming homeless, connect to other services i.e. Mental Health

HIGH Rehousing, Eviction Notice, Significant rental arrears, Brokerage, Homeless, Wrap around services, NCATT, Advocacy.

Based on Referral Indicators, case will commence as High / Medium / Low

