

			i referral to <u>hoap@</u>		***	1	encircle
Referring Agency: Co				ontact Name:			····
Date:		_ Phone:		Email:	· · · · · · · · · · · · · · · · · · ·		
• If you	-	nsent to sharing y	th you during the cons your information with ι	- .		affect the qu	ality of
CONSE							
Yes/No	notes, cas	e plans, and goals.	tion Platform (SHIP) allo . SHIP is a Queensland ation recorded here to er	Government sec	cure and confid	ential databas	
Yes/No	Queensland Homelessness Information Platform (QHIP) is a Queensland Government secure database that is used to record your personal information for the purpose of assessing your needs and referring to other housing and homelessness services. Do you consent to have your information recorded here to enable us to continue supporting you?						
Yes/No	Do you consent to allowing your support worker to discuss relevant information with other services to support your housing and support goals including the Department of Communities, Housing, and Digital Economy (Social Housing)?						
Yes/No	Do you consent to your information being depersonalised and used for service reviews and research?						
	Written Consent Client Signature				Date:		
	Verbal Consent Witness Signature: Date: Phone Referrals Only						
DETAIL		More the March 1885			<u>,</u>		
Client Na					D.O.B		<u> </u>
	re you curre	ently located (Sub					
Phone:		-	Email:				
		ı identify as?					
		ı identify as?					
Country of Birth:				What year did you arrive in Australia?			
First Language:				Interpreter Required: Yes/No Pets: Yes/No			
Number of Adults: Number of Children:				Pets:	Y es/l	NO	
				CRN:	· · · · · · · · · · · · · · · · · · ·		
		ION (HOUSING)				3- · · · · · · · · · · · · · · · · · · ·	
Open Space				Couch Surfin		·····	
Vehicle				Friends and F	amily		
Improvised Dwelling / Squatting				Other:			
	lousing App		Yes/No				
	· · · · · · · · · · · · · · · · · · ·	ION (SAFETY/H	· · · · · · · · · · · · · · · · · · ·				
		e environment?	Yes/No	Are you awar	e of any healtl	h issues	Yes/
Can you	i tell us mor	e about it?					

Yes/No

HOAP Referral Form v1.0 Review Date: July 23

Are you engaged with any other supports?

Details: