

H.O.A.P IHR/IHRF Referral Form



Homelessness Outreach Access Program

Specialist Homelessness Information Platform (SHIP) allows agency workers to record client information, case notes, case plans and client goals. SHIP will ensure that your client data continues to be secure and confidential. Do you give Verbal Consent for data entry on Ship? Yes ☐ No ☐
I give consent for Encircle to discuss my housing situation with the referrer. Yes ☐ No ☐

Referrer Details

| | |
|---------|---------------|
| Name: | Organisation: |
| Number: | Email: |

1. PERSONAL DETAILS:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--------------------------------------|--|---------|--|--------------------------------------|------------|--|------------------------|--|-------------------------------------|--------------------|--|-------------------------------|--|-----------|-------------------|-----------|--|--|--|-----------------------------------|--|----|-------------------------------|--|---|--|--|--|--|-----------|--|------|--|------------------------------|--------------------------------|--|------------|--|----------------|---|--|----|---------------------------------------|--|-------------------------------|--|------------------------|--|--|--|---|--|--|----|------|--|--|--|--|------------------------|--|------------------------|-------|-------|
| Name: | | Date of birth: Over 65 (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | How long have you been in QLD? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative Contact Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship: | | Phone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you identify as: (please tick) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Male:</td> <td></td> <td>Female:</td> <td></td> <td>Other (optional) (1)</td> </tr> <tr> <td>Aboriginal</td> <td></td> <td>Torres Strait Islander</td> <td></td> <td>Aboriginal & Torres Strait Islander</td> </tr> <tr> <td>Australian Citizen</td> <td></td> <td>Permanent Australian Resident</td> <td></td> <td>Visa Type</td> </tr> <tr> <td>Country Of Birth?</td> <td colspan="2">Australia</td> <td colspan="2">What year did you arrive in Australia?</td> </tr> <tr> <td>Do you speak English at home? Yes</td> <td></td> <td>No</td> <td colspan="2">Other language spoken at home</td> </tr> <tr> <td colspan="5">How well do you consider you speak English?</td> </tr> <tr> <td>Very Well</td> <td></td> <td>Well</td> <td></td> <td>Not well (1)</td> </tr> <tr> <td>Not at all (2)</td> <td></td> <td>Don't know</td> <td></td> <td>Not Applicable</td> </tr> <tr> <td>Interpreter required? Yes (1)</td> <td></td> <td>No</td> <td colspan="2">Current or previous ADF Member Yes No</td> </tr> <tr> <td>Do you receive an income? Yes</td> <td></td> <td>No (1)</td> <td colspan="2">Current source of income? (C'link 1)</td> </tr> <tr> <td>Average household income per fortnight? \$</td> <td colspan="2">Any recent changes to household income? Yes</td> <td></td> <td>No</td> </tr> <tr> <td>CRN:</td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td>Do you have a car? Yes</td> <td></td> <td>No (1)</td> <td>Make:</td> <td>Rego:</td> </tr> </table> | | | | Male: | | Female: | | Other (optional) (1) | Aboriginal | | Torres Strait Islander | | Aboriginal & Torres Strait Islander | Australian Citizen | | Permanent Australian Resident | | Visa Type | Country Of Birth? | Australia | | What year did you arrive in Australia? | | Do you speak English at home? Yes | | No | Other language spoken at home | | How well do you consider you speak English? | | | | | Very Well | | Well | | Not well (1) | Not at all (2) | | Don't know | | Not Applicable | Interpreter required? Yes (1) | | No | Current or previous ADF Member Yes No | | Do you receive an income? Yes | | No (1) | Current source of income? (C'link 1) | | Average household income per fortnight? \$ | Any recent changes to household income? Yes | | | No | CRN: | | | | | Do you have a car? Yes | | No (1) | Make: | Rego: |
| Male: | | Female: | | Other (optional) (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aboriginal | | Torres Strait Islander | | Aboriginal & Torres Strait Islander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Australian Citizen | | Permanent Australian Resident | | Visa Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country Of Birth? | Australia | | What year did you arrive in Australia? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you speak English at home? Yes | | No | Other language spoken at home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How well do you consider you speak English? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Very Well | | Well | | Not well (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not at all (2) | | Don't know | | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interpreter required? Yes (1) | | No | Current or previous ADF Member Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive an income? Yes | | No (1) | Current source of income? (C'link 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Average household income per fortnight? \$ | Any recent changes to household income? Yes | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a car? Yes | | No (1) | Make: | Rego: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2. OTHER PERSON(S) RECEIVING ASSISTANCE

| Name : | Gender | Relationship | Diagnosed Health Conditions | D.O.B |
|--|--------|--------------|-----------------------------|-------|
| | | | No | |
| | | | (1) | |
| | | | (1) | |
| | | | (1) | |
| | | | (1) | |
| | | | (1) | |
| Do you have any Pets? Yes (1 each pet) No Immunised Yes No (1) | | | | |
| Details of pets (type, age, size): | | | | |
| Are you pregnant? Yes (1) No Due date? | | | | |
| For ongoing contact with your case worker: | | | | |
| Preferred form of contact: | | Phone | SMS | Email |
| Other: | | | | |

3. HOUSING

| | | | | | | | | | |
|---|--|---------------------|--|------------------------------|--------------------|---------|----|--|--|
| Are you experiencing any of the following: | | | | | | | | | |
| Sleeping rough | | | | | Yes ⁽¹⁾ | | No | | |
| Car: | | Tent ⁽¹⁾ | | Public Spaces ⁽²⁾ | | | | | |
| Campervan | | Swag ⁽¹⁾ | | Other: | | | | | |
| Couch surfing at a friends or relatives | | | | | Yes | | No | | |
| Squatting | | | | | Yes ⁽¹⁾ | | No | | |
| Short-term or emergency accommodation due to a lack of other options? | | | | | Yes | | No | | |
| How long have you been Homeless? 0-3m ⁽¹⁾ 3-6 m ⁽²⁾ 6-9 m ⁽³⁾ 9-12 m ⁽⁴⁾ 1 -2 y ⁽⁵⁾ 2 y > ⁽⁶⁾ | | | | | | | | | |
| Do you have access to amenities (Please tick those that apply)? ^(1 for each blank box) | | | | | | | | | |
| Cooking facilities | | Bathroom | | Toilet | | Laundry | | | |

4. Are you experiencing current:

| | | | | |
|---|--|---|--|--------------------------------------|
| Diagnosed Mental Health issues ⁽¹⁾ | | Diagnosed Physical Health issues ⁽¹⁾ | | |
| Alcohol or Drug Issues ⁽¹⁾ | | Domestic & Family violence ⁽¹⁾ | | |
| Suicidal Ideation ⁽¹⁾ | | Self Harm ⁽¹⁾ | | |
| Recent unsuccessful suicide ⁽¹⁾ | | | | |
| If there is DFV is there a current protection order | | | | Yes ⁽¹⁾ No ⁽¹⁾ |

5. Social Housing Status

| | | | | | | | | |
|---|--|-----------------------|--|---|--|--------------------------------------|--|--|
| No application ⁽¹⁾ | | Application submitted | | To be followed up | | N/A | | |
| Housing Application Number: | | | | Eligible | | Not Eligible ⁽¹⁾ | | |
| Do you have any barriers to you searching for Properties? | | | | | | Yes ⁽¹⁾ No | | |
| If yes: | | | | | | | | |
| No access to a computer ⁽¹⁾ | | | | Unable to use the computer to search ⁽¹⁾ | | | | |
| Do not have access to the internet ⁽¹⁾ | | | | Do not have a smart phone ⁽¹⁾ | | | | |
| Cannot read or write ⁽¹⁾ | | | | Unable to attend inspections ⁽¹⁾ | | | | |
| Do you have 100 points of ID for applications | | | | | | Yes ⁽¹⁾ No ⁽¹⁾ | | |
| Do you have photo ID | | | | | | Yes ⁽¹⁾ No ⁽¹⁾ | | |
| Are you engaged with any other services? | | | | | | Yes ⁽¹⁾ No ⁽¹⁾ | | |
| If yes who: | | | | | | | | |
| Other Comments: | | | | | | | | |
| | | | | | | | | |

I hereby give permission for my details to be forwarded onto the Encircle HOAP Program and understand they will contact me regarding my current housing situation.

Name: _____ Signature: _____ Date: _____

Verbal Consent Provided:

Name of person taking consent: _____ Date : _____ Time: _____