



Encircle Homestay Program is an early intervention service providing support to individuals / families to sustain new or existing tenancies.

Email referral to homestayreferrals@encircle.org.au

Ph: 07 3889 0063

Please ensure all documents are attached. The referral may be returned if these are missing:

- Referral Form with referrer detail
- Real Estate/ Landlord or Organisation signed consent form
- Risk Assessment Form
- If required: Clutter image scale, Environmental Cleanliness scale & photos

Referring Agency:		Date of Referral:	
Contact Name:	Phone:	Email:	

Client Name:					
Address:					
Phone:			Email:		
D.O.B	Gender:	Male		Female	Other:
Do you identify as :					
Aboriginal		Torres Strait Islander		Aboriginal and Torres Strait Islander	CALD
County of Birth:			Date of Arrival:		
Language Spoken:			Interpreter Required:		
			Yes		
			No		

ISSUES IDENTIFIED BY REFERRING AGENCY: Are you aware of any of the following? (Organisational use only)

Any drug use or drug manufacturing at the property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				
Any incidences of DFV, Behavioral/Community conflict or legal issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				
Are you currently conducting two person visits for the property?	Yes:	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				
Is there hoarding and/or wet/dry squalor present at the property? All relevant documents attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				
Any mental health concerns that require a safety plan for property attendance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				
Any recent incidences of communicable health conditions at the property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments				
Any pest or vermin infestations at the property? (Scabies, body lice, bed bugs, fleas, cockroaches)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:				
Are you are aware of any property issues that may be a health risk for workers (Asbestos exposure, tripping hazards, Electrical faults, poor property condition)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments				
Any other safety concerns identified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments				

HOUSEHOLD STRUCTURE

Family Member Name	Relationship	Gender M/F/O	D.O.B

CURRENT HOUSING SITUATION

Private Rental		Dept. Housing		Community Housing		Other:	
Organisation / Real Estate Agent:							Phone:
Contact Person:				Email:			
Weekly Rent: \$				TICA: Yes		No	
				Unsure		Date:	
	NTRB Form 11	Expiry Date:		Reason:		Arrears Amount: \$	
	NTL Form 12	Expiry Date:		QCAT Hearing	Yes	No	Date:
	Dept Housing Debt Amount:\$				Dept. Housing Bond Loan Amount:\$		

ISSUES IDENTIFIED BY CLIENT

	Financial Hardship		Drug and Alcohol		Family Breakdown
	Domestic Violence		Neighbour dispute		Condition of property
	Mental Health Concerns		Other:		

WHAT OUTCOMES DOES THE CLIENT HOPE WILL BE ACHIEVED IN REGARDS TO THEIR TENANCY?

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WHAT ACTIONS HAVE ALREADY BEEN TAKEN TO ACHIEVE THESE OUTCOMES?

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WHAT OTHER AGENCIES ARE LINKED IN WITH THIS INDIVIDUAL/FAMILY?

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CONSENT

All Information on this form was provided by the client. This information was collected over the phone . Verbal consent was given by the client for this information to be sent to the Encircle Homestay Program.	
Verbal Consent	Date of call: Time of Call:
All Information on this form was provided by the client. This information was collected in person . Written consent was given by the client for this information to be sent to the Encircle Homestay Program.	
Written Consent	Client Signature: Date: