## Appendix A: Interview Questions for Support Providers

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Position:</td>
</tr>
<tr>
<td>Organisation:</td>
</tr>
</tbody>
</table>

### Referral to HASI

- What are the sources of referral to HASI and what information is collected on referral source?
- What information is collected at referral and by whom?
- Is there a standard HASI referral form?
- Where is this referral information kept?
- How/when is referral information reported on?
- Are there any challenges with information collection during the referral process?

### Assessment and Admission to HASI

- Who decides on eligibility/admission to HASI (only NGO support providers)?
- What information is collected on admission and by whom?
- Is there a standard admission/assessment form (do AMHS use MHOAT)?
- Does the initial assessment/admission process differ between locations/services?
- Where is the information collected on admission kept?
- How/when is the initial assessment/admission information reported on?
- Are there any challenges with information collection during the admission process?
- How is information recorded about clients who are not assessed as appropriate?
- What process is followed for keeping waiting lists?
### HASI Program

Other than referral and admission information, what other information is recorded about HASI clients throughout their involvement in the program? Who collects it?

Are there standard reporting forms (e.g. AMHS may use MHOAT)?

Where is this information kept?

How/when is the information reported on?

What information is kept on referral to other (non-HASI) services? (e.g. Admission to hospital)

Are there any challenges with information collection within the HASI program?

### General Organisational Information

What data is kept about the costs of services provided?

What data is kept regarding Service Agreements and Individual Statements of Service? Is there a standard form used for these agreements?

Are there any other issues related to information collection and HASI that you would like to raise?

### Follow Up Questions

**Neami**

Is the application form completed with the referring agent, the applicant or both?

Is the application form completed over the phone or in person?

Why do Neami employees complete the application form (rather than the referring person)?

Why do you collect information about the applicant’s assets and labour force status?

Has housing made any referrals to HASI?

Why do you think that referrals from family members and/or carers been increasing in the Illawarra?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all of your clients required to have an area mental health service case manager?</td>
<td></td>
</tr>
<tr>
<td>If you are using a standardised referral form, how are HASI applicants distinguished from your other programs?</td>
<td></td>
</tr>
<tr>
<td>When assessing applicants do you use only the information that is detailed on the original application form?</td>
<td></td>
</tr>
<tr>
<td>When deciding eligibility, what relevance does gender and cultural background have?</td>
<td></td>
</tr>
<tr>
<td>What role do you play in selecting appropriate housing for HASI clients?</td>
<td></td>
</tr>
<tr>
<td>When housing is secured are you given any copies of the tenancy agreement or any other related information?</td>
<td></td>
</tr>
<tr>
<td>When you have a meeting with the AMHS and other organisations, what information do you collect and how is it used?</td>
<td></td>
</tr>
<tr>
<td>Do you keep a central office diary? If so, what information does this include?</td>
<td></td>
</tr>
<tr>
<td>Do you keep an office communication book? If so, what information does this include?</td>
<td></td>
</tr>
</tbody>
</table>

**Richmond Fellowship**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has housing made any referrals to HASI?</td>
<td></td>
</tr>
<tr>
<td>Why do you require your applicants to have a mental health case manager?</td>
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<td>If you are using a standardised referral form, how are HASI applicants distinguished from your other programs?</td>
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<td></td>
</tr>
<tr>
<td>When you have a meeting with the AMHS and other organisations, what information do you collect and how is it used?</td>
<td></td>
</tr>
<tr>
<td>New Horizons</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Can you confirm that you do not keep an electronic database?</td>
<td></td>
</tr>
<tr>
<td>Has housing made any referrals to HASI?</td>
<td></td>
</tr>
<tr>
<td>Why do you require your applicants to have a mental health case manager?</td>
<td></td>
</tr>
<tr>
<td>If you are using a standardised referral form, how are HASI applicants distinguished from your other programs?</td>
<td></td>
</tr>
<tr>
<td>When deciding eligibility, what relevance does gender and cultural background have?</td>
<td></td>
</tr>
<tr>
<td>What is the reason for including the housing provider on the placement committee?</td>
<td></td>
</tr>
<tr>
<td>What role do you play in selecting appropriate housing for HASI clients?</td>
<td></td>
</tr>
<tr>
<td>Why have you recently moved toward allocating one key worker to each client? In our last interview you said that you used to rotate staff to ensure that they met with each of the clients?</td>
<td></td>
</tr>
<tr>
<td>How frequently do you review the client’s individual service plan?</td>
<td></td>
</tr>
<tr>
<td>When housing is secured are you given any copies of the tenancy agreement or any other related information?</td>
<td></td>
</tr>
<tr>
<td>When you have a meeting with the AMHS and other organisations, what information do you collect and how is it used?</td>
<td></td>
</tr>
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<td>Do you keep a central office diary? If so, what information does this include?</td>
<td></td>
</tr>
<tr>
<td>Do you keep an office communication book? If so, what information does this include?</td>
<td></td>
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</tbody>
</table>
### Appendix B: Interview Questions for Housing Providers

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Position:</td>
<td></td>
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<tr>
<td>Organisation:</td>
<td></td>
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</tbody>
</table>

### Questions for Housing Providers

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your organisation involved in the referral and assessment of clients for HASI? If so, what information do you collect and record at this point?</td>
<td></td>
</tr>
<tr>
<td>Can you describe your first point of contact with HASI clients and what information you collect and record at this stage?</td>
<td></td>
</tr>
<tr>
<td>What information does your organisation use to match housing with appropriate HASI clients? Do you keep records for each client or each premises or both?</td>
<td></td>
</tr>
<tr>
<td>Other than referral and assessment information, what other information does your organisation record about ongoing tenancies for HASI clients (eg. rental payments, renewing of tenancies, movement to different premises, feedback from clients, neighbours and support workers)?</td>
<td></td>
</tr>
<tr>
<td>How and when is your organisation required to report on your involvement in the HASI program?</td>
<td></td>
</tr>
<tr>
<td>Are there any challenges with information collection within the HASI program?</td>
<td></td>
</tr>
<tr>
<td>Are there any other issues/challenges about the HASI program that you would like to raise?</td>
<td></td>
</tr>
</tbody>
</table>

### Follow Up Questions

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you keep an electronic database? If so what is it called and what information does it keep?</td>
<td></td>
</tr>
<tr>
<td>Do you require HASI applicants to be eligible for public housing? If so, why?</td>
<td></td>
</tr>
<tr>
<td>What information, if any, do you collect about the prior accommodation of HASI clients?</td>
<td></td>
</tr>
<tr>
<td>How is information recorded when complaints are made about HASI clients?</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix C: Interview Questions for Area Mental Health Services

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Position:</td>
<td></td>
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<tr>
<td>Organisation:</td>
<td></td>
</tr>
</tbody>
</table>

### Questions for Area Mental Health Services

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the process of referral for HASI clients and what information does the AMHS record at this stage?</td>
</tr>
<tr>
<td>What is the HASI assessment and admission process following referral and what information does the AMHS record at this stage?</td>
</tr>
<tr>
<td>How and when are standardised assessments (such as MHOAT) used with HASI clients?</td>
</tr>
<tr>
<td>Other than referral and assessment information, what other information does the AMHS record about HASI clients throughout their involvement in the program?</td>
</tr>
<tr>
<td>How and when is the AMHS required to report on their involvement in the HASI program?</td>
</tr>
<tr>
<td>Are there any challenges with information collection within the HASI program?</td>
</tr>
<tr>
<td>Are there any other issues/challenges about the HASI program that you would like to raise?</td>
</tr>
</tbody>
</table>
Appendix D: Referral/Application Forms

The Richmond Fellowship of NSW
RESIDENTIAL PROGRAM REFERRAL

INTRODUCTION

Richmond Fellowship provides a range of accommodation services with varying levels of support according to individual needs. Accurate, comprehensive, and realistic referral information is important in determining the most appropriate level of support for the applicant.

Upon receipt of the referral, the Area Manager/Assistant Area Manager will conduct an assessment of the applicant to determine his/her needs. This can take place at the person’s home, or at Richmond Fellowship’s Area Office, or at any other location that is considered appropriate.

The referee will be advised, in writing, of the outcome of the client’s assessment and their suitability to the service. Once accepted, the applicant will be placed on a waiting list in accordance with the Fellowship’s relative needs criteria.

When a vacancy occurs, the applicant will be invited to visit the house to meet the residents and staff. Residents of Richmond Fellowship may participate in the decision about potential residents.

Richmond Fellowship does not provide emergency accommodation. If an applicant has an immediate accommodation need, other alternatives should be sought.

It is also difficult to predict the waiting time for an applicant. Once an applicant’s name is placed on the Waiting list, the waiting time depends on a number of factors including the relative needs of other applicants and the need for internal transfers of current Richmond Fellowship residents according to their individual support needs.

All information provided in this referral is treated with the strictest confidentiality. The referee is to ensure that the client’s name is printed clearly on the bottom of each page and that all relevant documentation is attached (see page 4). Please ensure the applicant provides their signature on the AUTHORITY TO RELEASE INFORMATION form below.

AUTHORITY TO RELEASE INFORMATION

Authorize

Client’s name

Referee’s name

of

Agency

To release all relevant information relating to this referral to the Richmond Fellowship of NSW for the purpose of assessing my suitability for the Residential Program.

Client’s signature

Witness’s signature

Dated: / / 

Please return completed form to:
Residential Referrals
The Richmond Fellowship of NSW
PO Box 3161
NORTH STRATHFIELD NSW 2137

Client’s Name_________________________ pg 1 of 6
CURRENT FUNCTIONING

Please rate from 1 to 10 with the most functional score at 10.

1. Personal care skills e.g. personal hygiene, self-care etc:
   
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
   ---|---|---|---|---|---|---|---|---|---|----|
   TOTALLY SELF SUFFICIENT
   PROBLEM AREAS:

2. Interpersonal relationships:

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
   ---|---|---|---|---|---|---|---|---|---|----|
   PROBLEM AREAS:

3. Medication Management: i.e. level of compliance & what kind of support or assistance is required.

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
   ---|---|---|---|---|---|---|---|---|---|----|
   SUPPORT REQUIRED:

4. Money Management:

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
   ---|---|---|---|---|---|---|---|---|---|----|
   SUPPORT REQUIRED:

5. Living Skills Profile

<table>
<thead>
<tr>
<th>Skill</th>
<th>Competent</th>
<th>Needs Guidance</th>
<th>Not Capable</th>
<th>Has not been assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Public Transport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client's Name______________________________________
9. What are the main areas this person needs support to improve?

10. Please indicate which level of support you feel this person requires.

- **Complex Support. [Non-clinical]** Client needs staff support 24 hours per day and 7 days a week.
  - Central Sydney
  - Wentworth

- **Intensive Rehabilitation. [Non 24 hour care]** Short to medium term service with a focus on intensive rehabilitation.
  - Central Sydney
  - Wentworth

- **High Support.** Client needs 8-16 hours per day, 5-7 days per week with non-clinical 24 hour on call support.
  - Central Sydney
  - Wentworth
  - Hunter
  - Western Sydney
  - New England
  - Far West
  - Greater Murray

- **Medium Support.** Client requires daily drop-in support on a needs basis, 2-5 visits per week.
  - Central Sydney
  - Hunter

- **Low Support.** Client has high level of independence and requires only occasional staff drop-in.
  - Central Sydney
  - Hunter

11. What are the major objectives for referring this person to our Residential Program?

Any other comments?

Please tick the following checkboxes to verify the appropriate documents are attached.

**MH-OAT Documents:**
- [ ] HNO5
- [ ] LSP
- [ ] K10

**Other documents:**
- [ ] Discharge Summary
- [ ] Global Assessment of Functioning (GAF)
- [ ] Risk Assessment

**OT Reports** (i.e. DACTA/Functional Assessment)

**Other Documentation** (Please list).
Copy of Neami Application Form

Application to be completed by Neami staff

Mandatory eligibility requirements

Psychiatric Diagnosis yes ☐ no ☐

Over 18 yes ☐ no ☐

Housing and Support Needs yes ☐ no ☐

Living in or having significant links to the region yes ☐ no ☐

Date ........../........../..........

Name: ........................................

Address: ........................................

........................................

.................................postcode...........

Telephone: ........................................

☐ Male ☐ Female

Date of Birth ....../........../.......

Mental illness yes ☐ no ☐

Initial needs identification

Do you mind if I ask you several questions, which will assist us to confirm that Neami can assist you?

1. Describe your usual day?

........................................

........................................

........................................

........................................

........................................

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........................................
2. Do you have contact with family/friends? (who and how often?)

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..........................................................................................................
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3. What other services are assisting you? ............................................
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4. In what areas can Neami assist? i.e. meeting people, looking after the home, learning new skills etc..............
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5. How much support do you think you need to be able to live independently?
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6. Have you been unwell recently? (list details)
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7. What keeps you well?
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..........................................................................................................

8. Are you satisfied with your housing/living situation?
Yes ☐ No ☐
9. Have you ever lived on your own?  
   Yes ☐  No ☐

   If yes, in what circumstances?
   ……………………………………………
   ……………………………………………
   ……………………………………………
   ……………………………………………
   ………………………………………

10. Where have you lived over the past three years? ………………………………………
    ……………………………………………
    ……………………………………………
    ……………………………………………
    ……………………………………………
    ……………………………………………

11. Have you ever lived in public housing?  
    Yes ☐  No ☐

12. Have you applied for public housing?  
    Yes ☐  No ☐

13. Do you have assets over $30,000?  
    Yes ☐  No ☐

14. Have you ever lived in a supported housing service? If so where, and why did you leave?  
    ……………………………………………
    ……………………………………………
    ……………………………………………
    ……………………………………………
    ……………………………………………

Which areas would you most like to live?
…………………………………………
…………………………………………
…………………………………………
…………………………………………
…………………………………………
…………………………………………
……………………………….

Is the applicant suitable for Neami?  
Yes ☐  No ☐
Do you have a carer?
Yes ☐ No ☐

If yes,

Does carer assist with self-care, mobility or communication?
Yes ☐ No ☐

Does carer live with you?
Yes ☐ No ☐

Carer relationship to you
☐ Wife/female partner
☐ Husband/male partner
☐ Mother
☐ Father
☐ Daughter
☐ Son
☐ Daughter-in-law
☐ Son-in-law
☐ Other female relative
☐ Other male relative
☐ Friend/neighbor female
☐ Friend/neighbor male

Carer’s Age Group
☐ Under 15 years
☐ 15 – 24 years
☐ 25 – 44 years
☐ 45 – 64 years
☐ 65 years and over

Does carer receive a service from a PDSS?
☐ Yes – as a primary client
☐ Yes – as a carer of a client
☐ Yes – as both a primary client and as a carer
☐ No

Do you consent to the release of your information to DHS for the purpose of data collection?
Yes ☐ No ☐

Referral source
☐ Self
☐ Family/friend
☐ General Practitioner
☐ Community Service Agency
(government)
☐ Community Service Agency (non-government)
☐ Specialist aged or disability assessment service
☐ Residential Rehabilitation
☐ Residential alcohol / drug treatment unit
☐ Acute care hospital (general)
☐ Psychiatric Facility, inpatient unit
☐ Community Mental Health Service
☐ Psychiatric Long Term Facility, CCU
☐ Non psychiatric long term care
☐ Private Psychiatrist
☐ Within organisation

☐ Are you of Aboriginal origin?
☐ Torres Strait Islander origin
☐ Both Aboriginal and Torres Strait Islander
☐ Neither Aboriginal nor Torres Strait Islander origin

Country of birth
self……………………
father…………………. 
mother………………..

Main language spoken at home……………………………. 

Interpreter required?
☐ For language other than English language……………………
☐ For non spoken communication
☐ No
Most effective method of communication

- Spoken language
- Sign language
- Other effective non-spoken communication
- Little or no effective communication

Primary Diagnosis

- Schizophrenia
- Bipolar Disorder
- Depression
- Anxiety
- Personality Disorder
- Eating Disorder
- Post Natal
- Schizo-affective
- Other Psychiatric Diagnosis
- Not Known

Other disability

- Drug and Alcohol
- Intellectual
- Specific learning / Attention Deficit Disorder
- Autism
- Physical
- Acquired Brain Injury / Head Injury
- Neurological
- Deafblind (dual sensory)
- Vision
- Hearing
- Speech

Usual residential Setting

- Private residence-owned or purchased
- Private residence- private rental
- Private residence- public rental
- Private residence - mobile home or caravan
- Independent Unit within a retirement village
- Boarding House/Private Hotel

- Short term crisis/emergency accommodation
- Transitional accommodation
- Domestic-scale supported living facility
- Supported Residential Service, Hostel
- Residential aged care facility
- Psychiatric Inpatient Unit
- Psychiatric community care facility (CCU, Residential Rehabilitation)
- Public Place/temporary shelter
- Residence within an Aboriginal community - rented private residence
- Residence within an Aboriginal community - temporary shelter
- Hospital
- Other

Living arrangement

- Live alone
- Live with family
- Live with others

Do you have dependent children?

- Yes, live with me
- Yes, do not live with me
- No

Labor force status

- Employed
- Unemployed
- Not in the labour force

Main source of income

- Disability Support Pension
- Other pension or benefit
- Paid employment
- Compensation payments
- Other (superannuation, investments)
- No income
**Emergency contact person**

Name..................................................  
Relationship........................................  
Address...............................................  
........................................................................  
........................................................................  
........................................................................  

phone..............................................

**Support Needs**  
**Self Care**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Mobility**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Communication**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Interpersonal Interactions and Relationships**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Learning**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Education**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Community and Economic Life**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Domestic Life**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

**Working**  
☐ Unable or always needs support  
☐ Sometimes needs support  
☐ Does not need support but uses aids or equipment  
☐ Does not need support  

Who is the service user's primary clinical support?  
☐ Public Area Mental Health Service  
☐ Private Psychiatrist  
☐ General Practitioner  
☐ Other
Do you have a **case manager** at the Area Mental Health Service?
Yes [ ] No [ ]

Name…………………………………..

Service…………………………………

**Permission sought** to check with case manager and/or doctor to clarify any parts of this application. Yes [ ] No [ ]

Application completed by…………………………………………

**CONSENT**

I, __________________________ give my consent to Neami to seek information from the following concerning matters related to this application from:

Name: __________________________
____________________________

Relationship: ______________________
____________________________

Phone: ___________________________
_____________________________

for the period of this intake process.

I also give my consent to the Neami to keep a record of my referral. I understand that this information will be coded to protect my identity and will only be accessible to the services that I come into contact with.

I agree to allow Neami to call me (or my designated contact person if I am not contactable) in order to update my information and to see if I am still interested in housing and support.

Signed:____________________________    Date:________________
RESIDENTIAL REFERRAL FORM
TO BE COMPLETED BY REFERRING AGENT

ALL INFORMATION STRICTLY CONFIDENTIAL

PERSONAL INFORMATION

DATE: ________________

NAME:

D.O.B

LANGUAGE:

INTERPRETER

Y/N SEX:

CURRENT ADDRESS:

TELEPHONE:

MOBILE:

TYPE OF INCOME:

MEDICARE NUMBER:

PENSION REFERENCE NUMBER:

OPC INVOLVEMENT:

NEXT OF KIN/ PERSON FOR NOTIFICATION:

NAME:

RELATIONSHIP:

TELEPHONE:

ADDRESS:

REFFERAL SOURCE

REFERER NAME:

POSITION:

AGENCY NAME:

ADDRESS:

TELEPHONE:

MOBILE:

Funded by the Commonwealth and NSW State Government to provide Aged Care, Supported Employment, Supported Accommodation and Community Services

New Horizons Enterprises Limited
6/96 Pacific Highway, Tuggerah 2259
Telephone: (02) 4353-1200
Fax: (02) 4353-1250
Email: cc@newhorizons.net.au
A.B.N. 42 002 066 604

Hunter Office
1515 Griffiths Road, LAKEWOOD 2259
9650 4171
hec@newhorizons.net.au

Aged Care
51-43 Bacchus Road, MORPHETT VALE 5043
9588 1368
rhec@newhorizons.net.au
PSYCHIATRIC HISTORY

BRIEF HISTORY:

ARE ANY OF THESE CURRENTLY AN ISSUE?

- SUBSTANCE ABUSE (illegal drugs, alcohol, caffeine, prescribed or over the counter drugs)
- SELF HARM/ SUICIDE
- VIOLENCE / AGGRESSION / ABUSE
- SECURING ACCOMMODATION
- INTERPERSONAL RELATIONSHIPS
- BEHAVIOURAL PROBLEMS (gambling, abscending)
- FINANCIAL MANAGEMENT
- MEDICATION COMPLIANCE
- DIET
- HEALTH

PLEASE GIVE FURTHER DETAIL & OUTLINE WHAT STRATEGIES HAVE BEEN EMPLOYED TO MANAGE THESE ISSUES.
### CURRENT FUNCTIONING

Please tick or comment in the relevant box:

<table>
<thead>
<tr>
<th>TASK</th>
<th>COMPETENT</th>
<th>REQUIRES ASSISTANCE</th>
<th>INCAPABLE</th>
<th>HAS NOT BEEN ASSESSED</th>
</tr>
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<tbody>
<tr>
<td>ORAL HYGIENE</td>
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<td>CLEAN/ TRIM NAILS</td>
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<td>BATHING/HAIR</td>
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<td>SHAVING</td>
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<td>SELF CARE RE MENSTRUATION</td>
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<td>WASHING OF CLOTHES</td>
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<td>MENU PLANNING/ FOOD SHOPPING</td>
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<td>COOKING</td>
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<td>MONEY MANAGEMENT</td>
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<tr>
<td>PERSONAL BANKING</td>
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<tr>
<td>HOUSEHOLD MANAGEMENT</td>
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<td></td>
<td></td>
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<tr>
<td>INITIATES DAILY ACTIVITIES</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>USES PUBLIC TRANSPORT</td>
<td></td>
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<td></td>
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<tr>
<td>USES TELEPHONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INITIATES CONVERSATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESSES THE COMMUNITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANAGES PSYCHIATRIC SYMPTOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LEVEL OF SUPPORT

PLEASE INDICATE (circle) WHICH LEVEL OF SUPPORT IS REQUIRED:

1. INDEPENDENT LIVING
   Support on mixed basis

2. DROP-IN SUPPORT
   a) Active Rehabilitation client working towards independent living. 2 hours per week
   b) Long term rehabilitation client unable to achieve total independent living. Less than 5 hours per week. No weekend support.

3. PARTIAL SUPERVISION, NO OVERNIGHT STAFF
   a) Active rehabilitation client requiring partial supervision but is capable of greater independence
   From 2-6 hours per week. No weekend support
   b) Long term rehabilitation client unable to achieve independent living and requires ongoing partial supervision. More than 6 hours per week. Weekend support

4. 24 HOUR ACTIVE SUPERVISION
   Client needs 24 hours per day, 7 days per week.

The referrer will be advised of the appropriateness of this referral and the suitability of this client to our programme after an assessment process by our residential staff. Placement is subject to the availability of resources and the availability of a suitable vacancy.

✈ PLEASE ATTACH ANY RECENTLY COMPLETED, RELEVANT, STANDARDISED ASSESSMENT TOOLS
✈ PLEASE ATTACH ANY RECENT DISCHARGE SUMMARIES

The Privacy Act requires the applicant to sign this form giving their consent for the release of their information and details.

The referrer and the applicant agree that no information has been withheld, all information is accurate, correct and necessary for New Horizons to provide a Duty Of Care to its residents and meet obligations to staff.

APPLICATIONS SIGNATURE: ____________________________ DATE: ____________

REFERERS SIGNATURE: ____________________________ DATE: ____________

PLEASE FORWARD THIS COMPLETED FORM AND ATTACHMENTS TO:

Keiran Booth
Support Services Manager
6/86 Pacific Hwy, Tuggerah 2259
Phone: 4353 1200, Fax: 4353 1250
Appendix E: Relative Needs Assessment and Scores

RICHMOND FELLOWSHIP

Relative Needs Criteria for Entry to the Housing Accommodation Support (HASI) Program

A number of criteria are used to determine the relative needs of potential consumers applying for entry into the HASI Program. This is in accordance with Standard One of the NSW Disability Services Act, which requires that the agency establish clear entrance criteria, which ensure that each applicant has access to the service based on relative need and available resources and the National Mental Health Standards. "Relative need" is a concept that ranks potential applicants based on greatest unmet need and the benefits they would gain from the service.

In assessing Relative Needs, each person is considered according to the following criteria:

1. Criteria for entry.
2. Criteria for placement in a particular level of support, and
3. Criteria for order of placement on the Register of Applicants in each program.

The application and assessment process evaluates each person's individual needs and wishes, and assesses the person's potential to benefit from the available level of support. If an applicant meets the basic entry criteria, they/he is then assessed according to individual needs and suitability for a particular HASI vacancy.

Following this assessment, a score, the Relative Needs Score, is calculated according to the specified criteria. This score determines the order the person will be placed on the Register of Applicants. The Register of Applicants is regularly reviewed and one extra point is assigned for each month an applicant is on the list.

The Relative Needs Score provides a mechanism to prioritise applications to the HASI program that is transparent and ensures consistency across NSW. It is recognised that the Relative Needs Score may be at times an imprecise guide. The Selection Committee will be responsible for balancing all issues and documenting any deviations from the Relative Needs Score. Richmond Fellowship will report de-identified Relative Needs Score to the Centre for Mental Health as part of the program monitoring and evaluation arrangements.

When a vacancy occurs, the Selection Committee will convene to determine the applicant best suitable for the vacancy from the Register of Applicants. The applicant and the referrer will be contacted.

1. General Criteria for entry

The following are minimal criteria for acceptance into the HASI Program:

- The person has a significant functional impairment related to a severe mental disorder or disorder;
- The person has a need for high-level accommodation support;
- The person has the potential to benefit from a residential program and wants to live in supported accommodation;
- The person has a capacity to function within the level of support level available, i.e., the person’s mental health is sufficiently stable to be able to live in the community;
- The person’s alcohol or drug use can be managed safely within the available support level;
- Harm to self or others can be managed safely within the available support level.

2. Criteria for placement

The HASI program is designed to meet particular needs. Factors that are considered in the program include:

- The applicant's Risk Profile (which accompanies the Referral Form)
- The applicant’s level of support needs and level of ongoing disability
- Any specific behaviour, health problems or special needs which may require particular support

1 Derived from: The Richmond Fellowship NSW Waiting List Relative Needs Score July 1999
The person's age, and gender
The current needs of other tenants if the property is a share property.

3. Criteria for order of placement on the Register of Applicants

The following criteria and scores will assist in identifying priority placement on the Register of Applicant for the HASI program.

Please choose ONE from each of the following criteria:

<table>
<thead>
<tr>
<th>Applicant's Name</th>
<th>Relative Needs Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria</strong></td>
<td></td>
</tr>
<tr>
<td>Present Accommodation</td>
<td>10</td>
</tr>
<tr>
<td>Acute Or Non-Acute Psychiatric Unit</td>
<td>6-10</td>
</tr>
<tr>
<td>Homeless/At Risk Of Homelessness/Inappropriately Housed</td>
<td>6-8</td>
</tr>
<tr>
<td>Short Term Accommodation/Refuge/Respite Service</td>
<td>4-8</td>
</tr>
<tr>
<td>Long Term Accommodation</td>
<td>4-8</td>
</tr>
<tr>
<td>Living With Family</td>
<td>2-8</td>
</tr>
<tr>
<td>Low-Moderate Level Supported Accommodation</td>
<td>4-8</td>
</tr>
<tr>
<td>&gt; Inpatient Care in the past twelve months</td>
<td>10</td>
</tr>
<tr>
<td>&gt; 300 days</td>
<td>30-37</td>
</tr>
<tr>
<td>150-300 days</td>
<td>23-29</td>
</tr>
<tr>
<td>90-150 days</td>
<td>16-22</td>
</tr>
<tr>
<td>&lt; 90 days</td>
<td>10-37</td>
</tr>
<tr>
<td>Hours of Community Resources</td>
<td>6-10</td>
</tr>
<tr>
<td>Significant use of Mental Health Services</td>
<td>6-10</td>
</tr>
<tr>
<td>Area Criteria</td>
<td>6-10</td>
</tr>
<tr>
<td>Current resident of area for which application is made</td>
<td>3</td>
</tr>
<tr>
<td>Previous resident with significant links to area for which application is made</td>
<td>7</td>
</tr>
<tr>
<td>Previous tenant in a local accommodation support service</td>
<td>4-8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37</td>
</tr>
</tbody>
</table>

Priority of Scoring Breakdown

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-22</td>
<td>23-29</td>
<td>30-37</td>
</tr>
</tbody>
</table>

---

2 Accommodation
Scores for long-term accommodation and living at home are based on an assessment of the applicant's total psychosocial needs and the suitability of his/her current accommodation. This is determined in consultation with the applicant and his/her referer, Case Manager and/or primary carer.

2 Hours of Community Resources
This criteria is designed to allow for those applicants who would have been identified in the Present Accommodation and/or Inpatient Care in the past twelve months if it had not been for the significant occasions of intervention and support of the local Mental Health Services.
NEAMI

Criteria for entry and Relative Needs Score

General criteria for entry
The following are minimal criteria for acceptance into the High Needs Accommodation and Support Service.

- The person has a severe and enduring psychiatric disability
- The person has a need for high-level accommodation support
- The person has the potential to benefit from and wishes to live in support accommodation
- The person has the capacity to function within the level of support provided

Other criteria
This program provides a very high level of support to consumers, factors that are taken into consideration when determining the relative need of consumers.

- The applicants living skills profile (which accompanies the referral form)
- The person’s level of support needs and level of ongoing disability
- Any specific behavior, health problems or special needs that require support
- The persons age, gender and cultural background

Criteria for order of placement on the register.
The register is not a wait turn list. When there is a vacancy applicants will be assessed by Neami staff on their level of need. The following criteria and scores assist in determining the applicants most in need for the service.

The following is a copy of the Neami Relative Needs Assessment form

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Relative needs score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present accommodation</td>
<td></td>
</tr>
<tr>
<td>Acute or non-acute Psychiatric Unit</td>
<td>10</td>
</tr>
<tr>
<td>Low level supported accommodation</td>
<td>8</td>
</tr>
<tr>
<td>Homeless/respite services</td>
<td>8</td>
</tr>
<tr>
<td>Short term accommodation/refuge</td>
<td>6-8</td>
</tr>
<tr>
<td>Living with carer</td>
<td>6-8</td>
</tr>
<tr>
<td>Long term accommodation</td>
<td>4-8</td>
</tr>
<tr>
<td>History of being unable to maintain accommodation without support</td>
<td>4-8</td>
</tr>
</tbody>
</table>

Accommodation

Scores for living with carer and long term accommodation are based on the applicants’ total needs, the suitability of the current accommodation and the ability of the carer to continue supporting the applicant at home. This is determined in consultation with the applicant, the referrer, case manager and primary carer.
Inpatient Care in the past twelve months

- >300 days: 10
- 150 - 300 days: 8
- 60 - 150 days: 5
- < 60 days: 3

Primary diagnosis

- Mental Illness: 10
- Other mental health problems: 3

Area Criteria

- Current resident of area for which application is made: 7
- Previous resident with significant links to the area: 7
- Previous tenant in an accommodation: 3

Other factors

- Dual diagnosis (drug and alcohol, brain injury, etc): 3
- Aboriginal or Torres Strait Islander: 3
- Non English speaking country: 3
- Non English speaking background: 2

The referring agent and consumer will be notified of the score and that it will be used in determining placement on the register.

The final decision on priority and filling of vacancies will be made by the Neami manager.
NEW HORIZONS

DRAFT
Nov. 15, 02

Rehabilitation and Assertive Follow up Team (RAFT)

ASSERTIVE REINTERGRATION IN THE COMMUNITY

Screening form

<table>
<thead>
<tr>
<th>Name:</th>
<th>MRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>M/F</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>DOB</td>
</tr>
<tr>
<td>Referred by:</td>
<td></td>
</tr>
</tbody>
</table>

Essential Criteria:

- Aged between 18 yrs and 64 yrs
- Resident of Central Coast, or has been a recent Inpatient in a psychiatric unit and will be residing on the Central Coast
- Has a major Psychiatric condition where the Primary diagnosis is not intellectual impairment or drug dependence
- Requires sustained input of at least weekly contact
- Is not in an acute phase of mental illness that requires Inpatient or acute management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged between 18 yrs and 64 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident of Central Coast, or has been a recent Inpatient in a psychiatric unit and will be residing on the Central Coast</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Has a major Psychiatric condition where the Primary diagnosis is not intellectual impairment or drug dependence</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Requires sustained input of at least weekly contact</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is not in an acute phase of mental illness that requires Inpatient or acute management</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Other Possible Indicators:

- Prolonged frequent or multiple hospitalizations
- Non or few support systems
- Poor living skills (as measured by LSP)

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Requiring intensive case management because of:
• Inability to independently access community services 2
• Lack of insight 2
• Lack of motivation 2
• Inability to organize him/herself 2
• Willing to work with RAFT 2

To be considered by the RAFT, a score of 16 out of 40 points needs to be attained.

Other relevant information for consideration:
• CTO, CCO
  • Accommodation issues
  • Support issues
  • Nutrition
  • Substance abuse
  • Recent review by either Psychiatrist, GP or other medical officer

Comments:
This assessment should be completed and feedback given to Referee within 2 weeks of receiving the referral.

Age: _______________________________

Date of referral: ____________________

Interviewed by: _______________________

1. Do you know what the RAFT team does? (If the client says NO or is UNSURE, please give a brief explanation of what we do)

ACCOMMODATION (What type of accommodation if any)

Are you happy with your present living situation?

If NO, where would you prefer to live and why?

Assessor notes:-

BUDGET

Do you have control of your own finances? If not who has?

2. Is the Protective Office involved with managing?

3. Are you able to manage your money eg. Rent, groceries, bills, savings

Assessor notes:-
DAILY LIVING ACTIVITIES

1. What time of day do you get up?

2. Do you find it difficult to get up in the morning?

3. Do you do your own grocery shopping?

4. Do you do your own cooking?

IF YES, what sort of meals do you prepare for yourself?

IF NO, how do you manage to eat? Does someone else do the cooking for you? Who?

5. How often do you shower, shampoo and shave etc.?

6. Would you consider this adequate?

7. Do you do your own laundry?

IF NO, how does your laundry get done?

IF YES, do you use a machine or do hand washing?

8. Do you have problems cleaning at your home?

Assessment notes:
EMPLOYMENT
1. Have you ever had paid employment?

2. What type of work/trade was it?
3. Are you on a disability pension?

4. Are you interested in vocational training

MEDICAL/PSYCHIATRY
1. Do you have any medical or physical difficulties?

2. Do you know what happens when you become unwell?
   (early warning signs)

   If YES, please elaborate, what sort of things happen for you?

3. Who supports you when you are unwell?

4. Do you see any members of your family regularly? If so, who and how often?

5. What is your current medication?
6. Do you understand what your medications are for and how they work?

   IF NO, do you think it would be helpful for you to understand more about your medication?

7. Do you see a GP regularly? If so, who, and are they aware of your illness?

8. What is your daily intake of the following:
   - Caffeine
   - Alcohol
   - Nicotine
   - Other

**INTERPERSONAL**

1. Are you able to make friends easily?

   IF YES, what is it about you that makes making friends easy?

   IF NO, what do you think makes it hard for you to make friends?

2. What do you do with your time? Interests?

3. How do you think your illness has impacted in your life?

4. What are your goals in life at present?
5. How do you think RAFT can help you?

7. Would you like to ask me any questions?

Thank you for your time.
Please explain what happens from here.

➤ Poor compliance with mental health aftercare services

➤ High relapse and/or re-admission rate

➤ Behaviour infrequently cited as disturbing to others

➤ Dysfunctional budgeting skills and/or very poor living skills

➤ Unsatisfactory access of normal community entitlements

➤ Requiring an ongoing service (i.e. medication support) beyond what can be reasonably provided by acute care service or requiring a service by its regularity and/or time requirement is beyond what can be reasonably provided by a community case manager.
RECOMMENDATIONS

Is this person suitable for:

☑ Specific intervention.

☐ Short-term RAFT Case Management
   Please outline identified area of need

☐ RAFT Case Manager
   Please outline identified areas of need

☐ Case Co-ordination (e.g., RAFT assisting Case Manager)
   Please outline identified areas of need

☐ Not suitable?
   Why?
Appendix F: Letters of Eligibility and Ineligibility

The Richmond Fellowship
of NSW receives funding from:
- NSW Department of Health
- NSW Department of Ageing, Disability and Homecare

Head Office
Sula 21-31 Underwood Road
Hornsby NSW 2150
Tel. 02 9701 3600
FAX 02 9701 3605
headoffice@rfnsw.org.au
PO Box 3561 St Leonards North 2065
www.rfnsw.org.au
ABN 64 001 341 405

Central Sydney Area
Tel. 02 9701 3660
FAX 02 9701 3665
central@rfnsw.org.au

West/Rural Area
Tel. 02 9701 3600
FAX 02 9701 3895
west@rfnsw.org.au

Hunter Area
Sula 122 Garden Grove Private
Adamstown Heights NSW 2289
Tel. 02 4923 3444
FAX 02 4923 3944
hunter@rfnsw.org.au

Authority to fundraise for charitable purposes CRN 12631
Donations over $2 are tax deductible

Client Ret:
24 November 2004

Dear
Re: Referral to the Rural HASI Program

Thank you for referring ____________ to the Housing and Accommodation Support Initiative (HASI) program.

After reviewing the referral, the Selection Committee has entered _________ onto the Register of Applicants’ eligibility list.

Can you please now complete the Department of Housing’s ‘Housing Register Application Form’ and the ‘Priority Housing Application Form’ and forward these to the Department of Housing office that is located in the applicants preferred housing location. Completion of the forms is essential to ensure suitable and appropriate accommodation can be located as soon as possible.

A Richmond Fellowship staff member will be contacting you to arrange a suitable time to meet with ____________ to conduct an assessment. You will be contacted when a suitable vacancy becomes available.

Please find enclosed copy of this letter for _________ Kindly forward this to _______ for her information.

If you require any further information please contact The Richmond Fellowship on 02 9701 3690.

Yours sincerely,

Julie Snape
Area Manager - Rural
Dear ______________

Re: ______________

Referral to the Rural HASI Program

I am willing to inform you that the Greater Murray Housing and Accommodation Support Initiative (HASI) Selection Committee has determined that ______________ is ineligible for the HASI program. The reason for this decision is:

Please find attached a copy of the Appeals process for your information. If the applicant’s circumstances change, the Selection Committee would welcome a further application.

Also, please find enclosed copy of this letter for __________. Kindly forward this to __________ for his information.

Yours sincerely,

Julie Snape
Area Manager-Rural Area
HASI Program Appeal Process

The Housing & Accommodation Support Initiative (HASI) Selection Committee Appeals Process

The Selection Committee will follow the guidelines as set out in the Housing and Accommodation Support Initiative (HASI) Manual when determining eligibility of all applicants. If the applicant is not accepted into the HASI program, the Richmond Fellowship will advise the referrer/applicant in writing of the reasons for the decision and inform the referrer/applicant of the appeals procedure.

Should an applicant’s circumstances change significantly after the application was deemed ineligible, a new referral may be submitted to the Selection Committee. The new referral will be processed in the normal manner.

Reasons for Appeal
Referrers and applicants can appeal the Selection Committee’s decision not to accept the application as the applicant does not meet the criteria for the HASI program.

Procedure for Appeals
The Referrer/applicant has two weeks, after receipt of the letter, in which to lodge an appeal regarding the above decisions.

All appeals are to be forwarded to:
Rural Area Manager Richmond Fellowship of NSW
PO Box 3161 North Strathfield NSW 2137

A special meeting of the Selection committee will be held within one week of receipt of the appeal.

Conflict of Interest
The Selection Committee ensures that no members have a conflict of interest regarding the appeal. If the Housing Provider representative on the Selection Committee is the Housing Provider that is not accepting the applicant, then another Housing Provider should be appointed to the Committee for the Appeals Process. Similarly, it may not be appropriate for the Accommodation Support Service to be represented by its staff. The remaining members of the Selection Committee may choose to invite an independent person to join the Committee to hear the appeal.

The Selection Committee reviews all relevant documentation including:
- all correspondence to and from the referrer, applicant and/or their advocate on matters pertaining to the appeal
- the original application
- the report on the interview
- details of all properties shown to the applicant
- any other written reports from the Richmond Fellowship or Housing Provider.
HASI Program Appeal Process

If the Selection Committee feels that the documentation is insufficient for members to reach an informed decision then the Selection Committee can reconvene within one week pending the submission of further documentation or the attendance of the referrer, client and/or advocate or the Housing Provider at the reconvened meeting.

Appeal Decisions

The Selection Committee can decide to:

- uphold the original decision. In these situations the Selection Committee will write directly to the referrer/applicant informing them of the outcome and the reasons for the Committee’s decision and further appeals processes.
- over-ride the original decision and place the applicant on the Register of Applicants. If another applicant has taken the available place in the meantime, the applicant will be offered the next suitable vacancy

After the appeal has been reviewed the decision of the Selection Committee is final.

Advice on the Interview Outcome

The Richmond Fellowship, on behalf of the Selection Committee, will inform the referrer/applicant in writing within 2 weeks of the outcome.

Appeals to NSW Department of Health

Eligible applicants also have the right to appeal to the NSW Department of Health about the services provided by Area Mental Health Services.

Appeals to the NSW Department of Health can be made via the Area Director, Mental Health Services in each Area Health Service, i.e. Far West, Greater Murray and New England Area Mental Health Services.
The HASI Placement Committee

Dear

Thank you for your referral to the Central Coast Housing and Support Initiative (HASI).

As you are aware your suitability for your placement into this program has been assessed and I am pleased to advise that you have been accepted into the program.

Unfortunately at this stage the program has a waiting list which your name has been placed on.

The committee has found that your needs require you to receive a high/medium support package.

We will contact you to advise you of a vacancy as soon as one becomes available for you on the contact details that you have provided us. Should your contact details change in any way whilst you are awaiting the program or you find you no longer require the program please contact us at New Horizons on 4353 1200 You can also contact us on the above number should you have any questions regarding the program.

Kind Regards

For the Central Coast HASI Placement Committee
Dear

Thank you for referring XXX to the Supported Accommodation Packages on the Central Coast.
Your referral has been assessed by a case manager from New Horizons and Central Coast health and has been presented to the projects placement committee for consideration. Unfortunately your referral to the program was not accepted as,

- The client referred was assessed as requiring a higher level of support than is provided via the packages eg 24-hour group home supervision.
- The client has not been stabilised on their medication regime or the client is currently experiencing an acute episode of illness.
- The client refused to accept disability support services offered.
- The client was assessed as requiring a lower level of disability support than is offered via the packages.
- The client has since moved out of area.
- The client does not have a primary diagnosis of mental illness.
- The client’s age is outside the eligible age for the program (16-65 years)
- Other –

At this time your referral information will be archived. If your client’s circumstances change please contact New Horizons so that your referral can be reactivated.

Should you wish to appeal this decision you have 1 week to lodge a written appeal with the placement committee. Please address all appeals to:

The coordinator
New Horizons
Suite 6, 85 Pacific Hwy
Tuggerah
NSW 2259.

Regards

Raichel Green
On behalf of the Central Coast Placement Committee
Supported Accommodation Packages.
Appendix G: Letters of Acceptance sent to Housing Provider


11 November 2004

Department of Housing
PO Box 594
Tamworth NSW 2340

Dear

Please be advised that ______________ has been accepted into the Housing Accommodation Support Initiative (HASI) program in New England. As per the terms of the HASI Service Agreement, can you please consider ______________ for priority housing.

I have requested the referee to complete and forward to you the “Housing Register Application Form” and “Frisby Housing Application Form”.

Thank you in advance.

Yours Sincerely,

Julie Snape
Area Manager - Rural
1 November 2004

Mr. Jeff Mills
Department of Housing
PO Box 594
Tamworth NSW 2340

Dear Jeff,

Please be advised that ______________ has been accepted into the Housing Accommodation Support Initiative (HASI) program in New England. As per the terms of the HASI Service Agreement, can you please consider ____________ for priority housing.

I have requested the referrer to complete and forward to you the "Housing Register Application Form" and "Priority Housing Application Form".

Thank you in advance.

Yours Sincerely,

Julie Snape
Area Manager- Rural
Appendix H: Application for Tenancy Forms

Application form & Notes
For people who want to apply for wait-turn public housing

Please REMOVE this notes booklet and read it before you complete the form.
If you need more information, please call your local Department of Housing Office

NSW Department of Housing

DH.3001-09/02
Department of Housing

Housing Register Application

Documents you must provide:

1. Proof of Identity
   - Provide any TWO from the list below for each person over 18 years listed on your application:
     - Birth certificate
     - Marriage certificate
     - A current passport
     - Medicare card
     - Department of Corrective Services Release Card
     - Motor vehicle driver’s licence
     - Identification by a person acceptable to the Department (such as a representative of the Department of Community Services, Centrelink or other welfare agency, but not Department of Housing employees).

2. Proof of Citizenship/Residency
   - Provide ONE from this list for each person over 18 years listed on your application:
     - Birth certificate
     - A current Australian passport
     - A current passport if not an Australian citizen
     - Citizenship certificate/papers

3. Proof of income
   - Provide ANY from this list which apply to each person over 18 years listed on your application:
     - If in receipt of a Centrelink income – A current income statement from Centrelink stating the type of benefit and amount (or signed ICS consent on pages 8 & 9 this form)
     - If a wage or salary earner (full time, part time, casual earnings) – have your employer complete Form B (on page 21 of this form)
     - If self employed – A Profit and Loss Statement

4. Proof of Current Assets
   - Provide for each person over 18 years listed on the application:
     - A savings bank pass book, bank statements for the last four weeks for an account which is used regularly (or current ATM balance receipt)
     - Records of any cash, shares or term deposits
     - Proof of assets (e.g. share certificates, market valuation of any property owned by any member of the household)

5. Other Supporting Documentation
   - Supporting documentation is important to help us assess your application:
     - Completed Medical Assessment form – If you answer “yes” to any questions relating to general health and medical conditions for anyone listed on the application
     - Aboriginal Housing Office Declaration form – If you answer “yes” to question 9 relating to you or anyone listed on the application
     - Letters or reports from support workers, medical specialists, occupational therapists, health care providers
     - Letters or reports from Child Support Agency, the Department of Community Services, Police, Justica System official, papers related to Court matters (e.g. AVO) – To support requests for any additional or special housing requirements.
# Housing Register Application

Please complete this form in BLOCK CAPITAL letters and reply to all questions to ensure that your application is properly assessed. (If you require help to fill out this form, please ask a staff member at the counter to assist you.)

## DETAILS OF MAIN APPLICANT

<table>
<thead>
<tr>
<th>Mr/Mrs/Ms/Miss</th>
<th>Last name or family name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Current residence address</td>
<td></td>
</tr>
</tbody>
</table>

Contact telephone numbers:

- What is your current contact phone number?
- In what area are you applying?

1. Do you require an interpreter to help you complete this form?
   - No
   - Yes: What language?

2. Are the reasons you are seeking assistance too sensitive to write on this form?
   - No
   - Yes: Please see a Client Service Officer before completing any more of this form. You can ask to see a male or female officer.

---

**Office Use Only Section**

<table>
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<tr>
<th>Date Issued</th>
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</table>

<table>
<thead>
<tr>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Client number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Contact details for Support Worker Acts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you or anyone on this application previously applied for public housing in NSW or assistance with Rentstart or bond, advance rent, etc?</td>
<td><strong>No</strong></td>
<td>Go to next question</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong></td>
<td>Give details:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In what name was it applied in?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>File Number (If known)</td>
</tr>
<tr>
<td>Were you or anyone on this application previously housed by the Department of Housing?</td>
<td><strong>No</strong></td>
<td>Go to next question</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong></td>
<td>Give details:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of person previously housed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address of property rented from Dept. of Housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postcode</td>
</tr>
<tr>
<td>Were you or anyone on this application previously known to the Department of Housing by another name?</td>
<td><strong>No</strong></td>
<td>Go to next question</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong></td>
<td>Give details:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Previous name(s):</td>
</tr>
<tr>
<td>Is anyone on this application an employee of the Department of Housing?</td>
<td><strong>No</strong></td>
<td>Go to next question</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong></td>
<td>Give details:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full Name of person(s):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>What is the main language you speak at home?</td>
<td>English</td>
<td>Go to next question</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>What language?</td>
</tr>
<tr>
<td>In what country were you born?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you of Aboriginal or Torres Strait Islander origin?</td>
<td><strong>No</strong></td>
<td>Aboriginal</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong></td>
<td>Torres Strait Islander</td>
</tr>
<tr>
<td>Do you wish to be considered for an Aboriginal Housing Office Property?</td>
<td><strong>No</strong></td>
<td>Go to next question</td>
</tr>
<tr>
<td></td>
<td><strong>Yes</strong></td>
<td>Please ask staff for an Aboriginal Housing Office Declaration form</td>
</tr>
</tbody>
</table>

**Note:** This question only applies if you or a household member is Aboriginal or Torres Strait Islander.
11. What is your current citizenship?
   - Australian Citizen (Australian-born or obtained citizenship) [ ] Go to Question 13
   - Other [ ] Go to next question

12. What is your current visa category?
   - Permanent Residency [ ]
   - Sponsored Migrant [ ]
   - Refugee Status [ ]
   - Asylum Seeker [ ]

13. What is your weekly income from work or self-employment (including any other sources of income)?

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Paid</th>
<th>Amount of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Fortnightly</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Note:
- If you are currently receiving a Centrelink benefit you may choose to complete the Income Confirmation Scheme (ICS) Consent Authority on page 19 of this form.
- If you are currently employed you will need to have your employer complete a wages and salaries form "FORM B" (attached on page 21 of this application form.)
- If you are self-employed you will need to provide a profit & loss statement.

14. Do you receive any additional income? (e.g. casual earnings, etc.)
   - No [ ] Go to next question
   - Yes [ ] Give details of additional income:

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Paid</th>
<th>Amount (before tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Fortnightly</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

15. What is the total amount of cash, shares, term deposits or other assets you have in the bank?

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Attach proof of income (as above)

(16)

Attach proof of additional income.

(17)

Attach proof of assets
   (for example, copy of bank statements, share certificates).

(18)
**16.** Did you have any compulsory deductions made from your income?

(For example, child support etc.)

<table>
<thead>
<tr>
<th>Type of income</th>
<th>Weekly</th>
<th>Fortnightly</th>
<th>Amount of income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

- [ ] Through Child Support Agency
- [ ] Direct to custodial parent

Attach proof of deductions (for example, letter from Child Support Agency).

**17.** Did you (or anyone on this application) own residential or commercial property or a personal item of value greater than $500?

<table>
<thead>
<tr>
<th>Name of owner(s)</th>
<th>Address of residential/commercial property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Postcode

Value of property $   Amount owing (if mortgaged) $

Income derived from property (if any):

<table>
<thead>
<tr>
<th>Type of income</th>
<th>Weekly</th>
<th>Fortnightly</th>
<th>Amount (before tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Attach completed Property Ownership form which can be obtained from your local Department of Housing office.

**18.** If you (or anyone on this application) own a residential property, why can’t you live in it?

- [ ]
- [ ]
- [ ]

**19.** Do you have a disability or a medical condition that affects your need for housing?

- [ ] Kidney failure
- [ ] Hearing impairment
- [ ] Developmental delay
- [ ] Physical disability
- [ ] Wheelchair user
- [ ] Mental health issues
- [ ] Visual impairment
- [ ] Other medical condition

Tick ALL that apply below:

- [ ] WCHR
- [ ] AL
- [ ] MHI
- [ ] YMP
- [ ] WCON

[ ] Give details:

**20.** Do any of the conditions above stop you from living independently?

- [ ]
- [ ]
- [ ]

[ ] Go to next question

Give details:
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>21: Is any person on the application expecting a baby?</td>
<td>Yes</td>
<td>Name of expectant mother: ____________________________ Expected date of birth: <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>22: What is the total weekly rent you and the other people on the application pay now? (Does not include rent paid by people who are not listed on this application form)</td>
<td>$ ___</td>
<td>Who are you renting this property from? Tick one only:</td>
</tr>
<tr>
<td>23: How many bedrooms do you and the other people on the application currently occupy? (Do not include lounge room or study)</td>
<td>___</td>
<td>Community Housing provider (name of provider): ___________________</td>
</tr>
<tr>
<td>24: Does anyone on the application have a car?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>25: What is the name of the Allocation Zone you wish to be housed in?</td>
<td>Zone Number: ___ Zone Name: ___ Example: WSJ Blacktown</td>
<td></td>
</tr>
<tr>
<td>26: Would you be willing to accept a bedsitter unit? (A unit with combined bedroom and living room)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>27: Would you be willing to accept a high rise apartment unit? (A unit with access via a lift)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>28: Is it essential that anyone on this application has ground floor accommodation?</td>
<td>No</td>
<td>Go to next question</td>
</tr>
</tbody>
</table>

Note: YOU CANNOT SELECT A SPECIFIC SUBURB. You need to tell the Department where you would prefer to live, by choosing one allocation zone from the lists on the Fact Sheets provided with this form.
32. Does anyone on this application need accommodation which is adapted for disabilities now or within 6 months? (For example grab rails, level access, etc.)

Yes [ ] No [ ] Go to next question

[ ] Give details:

Full name of person:

Details of modifications required:

[ ] If you ticked YES, attach a Medical Assessment Form completed by your doctor in support of your answer.

33. Are there any additional people to be housed with you?

Yes [ ] No [ ] Go to Question 34 on page 15

[ ] You must complete an Additional Person Form on next page.

If you ticked YES, please provide all necessary supporting documentation for each person on the application over the age of 18 years.

[ ] All additional persons over the age of 18 must sign the consent authority in their Additional Person Form to give you permission to employ these persons.

[ ] You must contact a Case Service Officer for extra Additional Person Form.

Page 6
INTEREST IN COMMUNITY HOUSING

If you are eligible for Public Housing you may also be eligible for similar accommodation provided by a Community Housing organisation. In certain limited circumstances the Department of Housing may nominate (refer) Public Housing applicants to a Community Housing organisation for consideration of an offer of Community Housing accommodation. Applicants who do not express interest in Community Housing by ticking "yes" in Question 34 below will not be nominated. The question and Authority below tells us whether you are interested in being nominated.

34 Do you wish to apply for Community Housing?
No ☐ Go to next question
Yes ☐ Please read and sign the Authority below:

YOU ARE NOT APPLYING FOR COMMUNITY HOUSING BY ANSWERING "YES" TO THIS QUESTION AND SIGNING THE AUTHORITY.

Note: IF YOU WANT TO APPLY FOR COMMUNITY HOUSING YOU STILL NEED TO APPLY SEPARATELY TO YOUR LOCAL COMMUNITY HOUSING ORGANISATION. To find out more about Community Housing and how to apply, ask for a Fact Sheet at your local office.

DO NOT Sign this Authority if you ticked "NO" to Question 34

Community Housing Direction and Authority

To the Department of Housing

In order to allow my application to be considered for an offer of Community Housing, I give the Department of Housing permission to:

1. Release to Community Housing provider's personal information it has collected about me.

2. Release to Community Housing provider's details about me which would normally breach section 19 of the Privacy and Personal Information Protection Act (the "Act"). This includes my ethnic or racial origin, and other matters, provided that it is for the purpose expressed in this Direction and Authority.

3. Not comply with the privacy principles contained in sections 10 and 18 of the Act provided that it is for the purpose expressed in this Direction and Authority.

This Direction and Authority will operate until I give the Department written notice that it is withdrawn.

Signed __________________________ Date ________

Page 15
SUPPORT NEEDS

35 Are you receiving support from another health agency organisation?

No ☐ Go to Question 38 on next page
Yes ☐ Give details:

Name of person or agency/organisation:

Type of support:

36 Do you give your permission for the Department to contact the person to discuss details of your application?

No ☐ Go to Question 38 on next page
Yes ☐ Please sign the Consent Form below

PERMISSION TO CONTACT SUPPORT WORKER

37 DO NOT SIGN THIS AUTHORITY IF YOU TICKED "NO" TO QUESTION 35 OR 36 ABOVE.

You do not have to sign this part of the form but it may help us to process your application if you do.
You can withdraw your permission at any time by writing to the Department of Housing.

Name of Applicant

Address of Applicant

I give permission for the following agency to confirm/certify information relevant to my housing application with the Director-General, Department of Housing, or Officers acting on behalf of the Director General.

Name of health professional/support worker/agency

Name of Agency

Address of Agency

Postcode

I agree that only details which directly relate to my public housing application can be discussed. The release of information from the above agency is for the sole purpose of clarifying issues in relation to my application for public housing and for no other purpose.

Signature

Date

Ov/Guardian’s Name

Guardian’s Signature

Date
Are there any additional comments that you would like to make about your application for wait-list housing?

No □ Please read and sign the relevant declarations on next page.
Yes □ Give details:

Please read and sign the relevant declarations over the page.

<table>
<thead>
<tr>
<th>Eligibility Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Citizenship</td>
</tr>
<tr>
<td>2. NSW residency</td>
</tr>
<tr>
<td>3. Household Income</td>
</tr>
<tr>
<td>4. Sustain tenure</td>
</tr>
<tr>
<td>5. Asset ownership</td>
</tr>
</tbody>
</table>

Office Use Only
DECLARATIONS

39 Declaration by Applicant

Under Section 71 of the Housing Act 2001 and the Privacy and Personal Information Protection Act 1988, you need to give the Department of Housing permission to use your personal information in order for your application to be processed.

Under the Housing Act 2001, a fine of $2,200 applies for making a false statement or representations. The Department may refuse further assistance or prosecute anyone who makes any wilfully false statements as a result of which they obtain accommodation, or financial benefit of any kind.

Please read and sign the consent below:

Permission to the Department
1. I give the Department of Housing permission to give personal information about me in order to process this application.
2. I also give the Department of Housing permission to collect personal information about me from any third party in order to process this application.

Declaration

I have understood the instructions given on this application form.
I declare that the information provided in this form is correct to the best of my knowledge.
I understand there are penalties for giving false or misleading information.

Full Name (please print):

Signed:

Date:

No [ ]  Go to next page
Yes [x] That person should read and sign the declaration below:

Declaration from person assisting or completing this application on behalf of the Applicant

I filled in this form on the basis of the information the applicant gave me.
I have read out the form and the answers to the applicant who seemed to understand them.
I understand there are penalties for giving false or misleading information.

Full Name (please print):

Signed:

Date:

40 Did another person help the applicant to fill out this form?

No [ ]  Go to next page
Yes [x] That person should read and sign the declaration below:
DECLARATIONS

39 Declaration by Applicant

Under Section 71 of the Housing Act 2001 and the Privacy and Personal Information Protection Act 1988, you need to give the Department of Housing permission to use your personal information in order for your application to be processed.

Under the Housing Act 2001, a fine of $2,200 applies for making a false statement or representations. The Department may refuse further assistance or prosecute anyone who makes any wilfully false statements as a result of which they obtain accommodation, or financial benefit of any kind.

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Declaration

☐ I have understood the instructions given on this application form.
☐ I declare that the information provided in this form is correct to the best of my knowledge.
☐ I understand there are penalties for giving false or misleading information.

Full Name (please print):

Signed:

Date:

40 Did another person help the applicant fill out this form?

☐ No ☐ Go to next page

☐ Yes ☐ That person should read and sign the declaration below:

Declaration from person assisting or completing this application on behalf of the Applicant

☐ I filled in this form on the basis of the information the applicant gave me.
☐ I have read the form and the answers to the applicant who seemed to understand them.
☐ I understand there are penalties for giving false or misleading information.

Full Name (please print):

Signed:

Date:
## Income Confirmation Scheme Authority

### Income Confirmation Scheme (ICS)

**What is it?**
- If you receive Centrelink benefits, ICS will allow Centrelink to give us all your income details electronically.
- We will use the information to assess your ongoing eligibility for public housing.

**Why have it?**
- In order to process your application for wait-list housing, we must check your income details.
- ICS saves you having to go to a Centrelink Office to get those details yourself.

**How do I participate?**
- To participate in ICS all you have to do is read and complete the permission form below. Every member of your household who receives a Centrelink benefit and wishes to participate, must sign the box below.

**For more information about ICS, please see the Fact Sheet on ICS.**

### Permission Statement

Every person who will be living and staying in the house will complete this form. If, at any time, you do not wish to participate in the Income Confirmation Scheme, please contact your local Department of Housing Office.

<table>
<thead>
<tr>
<th>Last Name or Family Name</th>
<th>First or Given Names</th>
<th>Date of Birth</th>
<th>Centrelink Customer Reference Number (CRN)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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81
Privacy and Personal Information

Your personal information is protected by law. The information you provide is needed to assess your eligibility for Wait-list Housing.

The Department of Housing will only use the information you provide for the purpose of processing your application. We may give some of your personal information to other agencies, if necessary, provided you have signed where indicated on this form to give us permission. If you do not give us your permission at Question 39 to use your personal information, we will not be able to process your application.

Please read the Notice below which details how we will use your information.

Section 10 Notice

This is a notice under section 10 of the Privacy & Personal Information Protection Act, 1998 (the “Act”), which governs the use of personal information. The supply of the information by you is voluntary. If you cannot or do not wish to provide the information, the Department of Housing, which is the agency that holds your information, may be unable to process your application.

The intended recipients of your information include those involved in the administration of your housing application or tenancy or any other who may have an interest in considering your application or tenancy including where relevant the Aboriginal Housing Office, the Office of Community Housing or a community housing organisation, or Housing Appeals Committee, survey companies for the purpose of determining client satisfaction and related long term service enhancement.

Personal information of household members may be provided to the tenant to confirm it is correct. The Department may release personal information where it is permissible under law to relevant statutory bodies for purposes including child protection, health reasons, protection of the public revenue or law enforcement. You have a right of access to, and correction of, the information concerning yourself as outlined in the Act. If you have any questions about privacy, please contact your local office.

CHECKLIST

To ensure we can process your application quickly, please check the list below.

- Provided all the required forms of evidence and attached when required
- Ensured that no wrong or incorrect information is provided
- Your information is complete and current
- Attested all forms and documents to it and date and signed the application to validate
- Signed all the self-declaration and forms
Staple Fact Sheets here:

- Applying for Public Housing
- Suburbs by Allocation Zone (Metropolitan & Non-Metropolitan)
- Income Confirmation Scheme
- Community Housing is it for me
- Applying for Community Housing
- Applying for Public Housing when you are a former tenant

It is illegal for an officer of the Department to ask for money or favours or other benefits of any kind in exchange for helping you with your housing needs.

It is also illegal for you or anyone else to offer money or favours or other benefits of any kind to an officer of the Department in exchange for helping you.

If you have any information regarding this, please contact the Department of Housing's Business Assurance Unit on 1800 868 208. The Department may refuse the provision of further housing services to anyone who has engaged or sought to engage in corrupt or illegal conduct.

Acknowledgment of Receipt of Application

A Housing Register application from: ____________________________

__________________________

APPLICANT NAME

of: ____________________________

ADDRESS: ____________________________

____________________________________

SIGNATURE OF RECEIVING OFFICER

Office: ____________________________

SIGNATURE OF RECEIVING OFFICER

Phone: ____________________________

NAME OF RECEIVING OFFICER

/ / 

DATE

84
# PACIFIC LINK COMMUNITY HOUSING CHECKLIST

Your application for housing cannot be processed unless you provide the documents that have been ticked in the boxes in the DOCUMENTS REQUESTED column. The middle column APPLICANT CHECKLIST has been provided so that you can tick off as you check that you have them. These documents must be sighted by a Housing Officer who will photocopy where necessary and will complete the third column, P.L.C.H.

<table>
<thead>
<tr>
<th>SUPPORTING DOCUMENTS</th>
<th>DOCUMENTS REQUESTED</th>
<th>APPLICANT CHECKLIST</th>
<th>P.L.C.H. CHECKLIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm on Dept. of Housing Wait List</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1. Reference Number</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Status</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Current Proof of Income</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3. If you receive Centrelink payments/benefits a current copy of your Centrelink Statement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. If you work full time, part-time or casually, attach pay slips and relevant Centrelink Statements for the last 2 months.</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Proof of Identity</td>
<td>5</td>
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<tr>
<td>5. Birth Certificate, drivers licence, Passport, pension card</td>
<td></td>
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</tr>
<tr>
<td>Proof of Citizenship or Permanent Residency (if born overseas)</td>
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<tr>
<td>6. Citizenship certificate</td>
<td></td>
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<tr>
<td>7. Passport and visa category</td>
<td>7</td>
<td>7</td>
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<tr>
<td>Shared Custody of Children</td>
<td>8</td>
<td>8</td>
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<tr>
<td>8. Proof of Payment of Family Tax Benefit A &amp; B</td>
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<tr>
<td>9. Letters from Court stating shared custody arrangements</td>
<td>9</td>
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<tr>
<td>Proof of Medical Condition or Disability</td>
<td>10</td>
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<tr>
<td>10. Letters from Doctors</td>
<td></td>
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<tr>
<td>11. Occupational Therapist report if modifications to property required</td>
<td>11</td>
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<tr>
<td>Proof of Inability to Rent Affordable Accommodation</td>
<td></td>
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<tr>
<td>12. Rent receipts</td>
<td>12</td>
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<tr>
<td>13. Arrears letters or Termination Notices</td>
<td>13</td>
<td>13</td>
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</tr>
</tbody>
</table>

**Other Relevant Supporting Documentation**

<table>
<thead>
<tr>
<th>14. Requests for Assistance from Docs</th>
<th>14</th>
<th>14</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Police reports, current AVO</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>16. Letters from support workers, health professionals, advocates</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

**Any Other Documentation Requested**

| 17 | 17 | 17 |

**Appropriate Contacts who will know your whereabouts**

<table>
<thead>
<tr>
<th>18. Relative</th>
<th>18</th>
<th>18</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Friend</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

**Office Use Only**

Documents Requested by:

Please Print Name

Date

Documents Checked

Please Print Name

Date

Comments

Signature
PACIFIC LINK COMMUNITY HOUSING LTD.

***APPLICANTS PLEASE NOTE***

policies state;

1) You will only be given two (2) offers of a property that will suit your needs as stated in your application.

2) Should you choose not to accept either of these properties that are offered, you will no longer be considered a priority as we offer housing to those considered most in need of affordable and secure housing according to our ranking policy.

3) You will be given two (2) days to accept the offer of a property.

Three (3) days after the acceptance of a property, you will be invited to sign a lease with Pacific Link.

5) At the time of signing your lease, you will be required to pay two (2) weeks market rent as a bond which we will send to the Rental Bond Board.

6) At the time of signing the lease you will also be required to pay two (2) weeks rebated rent. This is 25% of your assessed current income.

***********
Thank you for your inquiry about

Pacific Link Community Housing Association Ltd.

- Workers at Pacific Link Community Housing Association Ltd. can help you complete this form.
- Once you complete this form please give it to Pacific Link Community Housing Association Ltd. You will then be contacted by the housing associations that cover the areas where you want to live. They will then contact you to arrange for an interview, either in their office or over the phone.
- The information you provide on this form will be used to decide if you are eligible for housing and what type of housing you need.
- Please answer all the questions on this form unless they are optional.
- 'You' means the main applicant (the person who signs the tenancy agreement).
- 'Household member' means other people who will live in the same home as you.
Do you need an interpreter?  □ No  □ Yes  □ Written English  □ Spoken English

What language?

MAIN APPLICANT CONTACT DETAILS

What is your name?

Given name

Family name

Date of birth

Day  Month  Year

Sex

□ Male  □ Female

What are your phone numbers (if any)?

Phone number (Day)

Phone number (Night)

Phone number (Mobile)

What is your contact address?

Street

Suburb/Town

Postcode

Do you live at this address?  □ No

□ Yes - How long have you been living there?  □  □
### WHERE DO YOU WANT TO LIVE?

Please look at the maps at the end of this form and think about the local government areas where you want to live.

You may choose more than one local government area.

The housing associations that cover the areas you choose will contact you to find out where you want to live within each area.

1. I want to live in the following local government areas:

2. I do not want to live in the following local government areas:

   Q: Optional question

### CHOOSING YOUR HOUSING ASSOCIATION (Optional Questions)

2. Are there any housing associations in particular that you would like to be housed by?

4. Are there any housing associations you do not want to be housed by?
The following questions are important because they help housing associations plan better services for applicants and tenants.

<table>
<thead>
<tr>
<th>You (Main Applicant)</th>
<th>Additional Household Member 1</th>
<th>Additional Household Member 2</th>
<th>Additional Household Member 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Is the person's first language English?

8. Does this person have a parent who was born in Australia and has a first language that is not English?

If you ticked 'Yes' you may be asked to confirm this by providing a written statement from an approved Aboriginal organisation. Please ask your housing association about their requirements.

Additional household member to complete:

12. I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my personal information by

Pacific Links Community Housing Association Ltd.

in order to process this application.

Each additional person on the application who is over 16 years old must give their written permission for their personal details to be collected by the main applicant and disclosed by the housing association.
### WHO WILL BE HOUSED WITH YOU? (CONTINUED)

The following questions are important because they help housing associations to plan better services for applicants and tenants.

- **Given Name**
- **Family Name**
- **Date of birth**
- **Male or Female?**
- **Joint tenant?** *(Will this person also sign the tenancy agreement?)*
- **Person's relationship to you?** *(eg. partner, son, daughter, friend)*

<table>
<thead>
<tr>
<th>Additional Household Member 4</th>
<th>Additional Household Member 5</th>
<th>Additional Household Member 6</th>
<th>Additional Household Member 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
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<tr>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

6. **Country of Birth?**

7. **Is the person's first language English?**

8. **Does this person have a parent who was not born in Australia AND has a first language that is not English?**

9. **Is this person a migrant, refugee or asylum seeker, who arrived in Australia less than 2 years ago?**

10. **Is this person of Aboriginal descent?**

11. **Is this person of Torres Strait Islander descent?**

   If you or a household member are of both Aboriginal AND Torres Strait Islander descent, please tick 'Yes' for Questions 10 and 11.

   If you ticked 'Yes' you may be asked to confirm this by providing a written statement from an approved Aboriginal organisation. Please ask your housing association about their requirements.

**Additional household member to complete:**

12. **I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my personal information by**

[ ] Pacific Link Greater Torres

in order to process this application.

Each additional person on the application who is over 16 years old must give their written permission for their personal details to be collected by the main applicant and disclosed by the housing association.
YOUR ELIGIBILITY FOR COMMUNITY HOUSING

13. Have you applied for housing with the Department of Housing?  
☐ No - Go to Question 20  
☐ Yes - Please answer Questions 14 - 19

14. What was your application date?  

15. What is your tenant (T) number?  

OR

Are you still waiting to be issued a T number?  
☐ Yes

16. Did you complete a Priority Housing Application form?  
☐ Yes  ☐ No

17. When you applied for housing with the Department of Housing, did you answer 'Yes' to the question asking whether you would like to be considered for housing with a community housing provider?  
☐ Yes  ☐ No  ☐ Unsure

18. What area did you apply for?  

19. Which Department of Housing office did you apply through?  

☐
20. What is the regular, before-tax, (gross) income for your household?

(a) Where does your money come from? - This could include a pension from another country, interest from an investment, dividends from shares or income from a residential property or business.

(b) How much money do you make? - This means the total, before-tax, income each week or every 2 weeks (fortnight). If your income varies from week to week, for example if you have casual work, then divide your yearly income by 26 to get a weekly income amount or by 52 to get a weekly amount.

### YOU - MAIN APPLICANT

<table>
<thead>
<tr>
<th>Where does your money come from?</th>
<th>How much money do you make?</th>
<th>How much child support do you pay if any?</th>
</tr>
</thead>
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<tr>
<td>Wages/Salary</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Government pension or allowance</td>
<td>$</td>
<td></td>
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<tr>
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</tr>
<tr>
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<td>$</td>
<td></td>
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<tr>
<td>Workers Compensation</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other source of money (write what it is)</td>
<td>$</td>
<td></td>
</tr>
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### ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

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<tbody>
<tr>
<td>Please tick the box where most of your money comes from:</td>
<td>$ [ ] each week</td>
<td>[ ] each week</td>
</tr>
<tr>
<td>Wages/Salary</td>
<td>2 weekly</td>
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<tr>
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<tr>
<td>[ ] Workers Compensation</td>
<td></td>
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<tr>
<td>[ ] Other source of money (write what it is):</td>
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</tr>
</tbody>
</table>
21. Do you, or any household members, own (or part own) a residential property or a business property?  
☐ No - Go Question 25  
☐ Yes - Go next Question

22. What is its value?  
☐

23. How much do you owe a financial institution, if mortgaged?  
☐

24. Why can't you or other household members live there?  
☐

25. Do you, or any household member, have cash, shares, term deposits or other assets in the bank valued over $5000 per adult (over 18 years)?  
☐ No - Go Question 27  
☐ Yes - Go next Question

26. How much?  
☐

PREVIOUS SOCIAL HOUSING

27. Have you rejected an earlier offer of housing by a community housing provider or by the Department of Housing?  
☐ No - Go Question 29  
☐ Yes - Go next Question

28. Please write why you rejected the offer?  
☐

☐ The answer to this question will help your housing association know what type of property to offer you.

29. Have you lived in a Department of Housing property before?  
☐ No - Go Question 34  
☐ Yes - Go next Question

30. Which area did you live in?  
☐

31. Why did you leave?  
☐
32. Do you owe the Department of Housing any money for rent, damage or another debt?
   - Yes - Please tick one of the following:
     - Rent arrears
     - Damage
     - Other debt

33. If you are repaying a debt, how much are you repaying each fortnight?
   - Rent arrears $   
   - Damage $   
   - Other debt $   

34. Have you lived in a community housing property before?
   - No - Go to Question 30
   - Yes - Go to next Question

35. What organisation were you housed by?

36. Why did you leave?

37. Do you owe the community housing organisation any money for rent, damage or another debt?
   - Yes - Please tick one of the following
     - Rent arrears
     - Damage
     - Other debt

38. If you are repaying a debt, how much are you repaying each fortnight?
   - Rent arrears $   
   - Damage $   
   - Other debt $   

10
## YOUR CURRENT HOUSING AND SUPPORT NEEDS

35. **What type of housing are you living in?**
- [ ] Private rental
- [ ] Crisis accommodation (e.g., a refuge)
- [ ] Boarding house or hostel
- [ ] Family or friends
- [ ] Squat
- [ ] Hospital or rehabilitation centre
- [ ] Homeless, sleeping rough
- [ ] Prison or Detention centre
- [ ] Caravan
- [ ] Own home (buying or building)
- [ ] Housing supplied by work
- [ ] Department of Housing/Public Housing/Housing Commission
- [ ] Community Housing
- [ ] Other (please write what it is)

40. **Please describe your current housing and how long you have been in this situation.**

41. **What is your current rent (if any)?**

   $ \underline{\hspace{2cm}} $ each week OR $ \underline{\hspace{2cm}} $ 2 weekly

42. **Does this include food and electricity?**
   - [ ] No - Go to Question 44
   - [ ] Yes - Go to next Question

43. **How much of your rent goes towards food and electricity?**

   $ \underline{\hspace{2cm}} $

44. **If you have a current lease or residential tenancy agreement, when does it expire?**
45. Why are you leaving your current housing?

- My rent/boards too expensive
- I am homeless or soon to be homeless (eg. squatting, leaving hospital or prison)
- I am leaving crisis accommodation
- I am escaping violence or threats of violence (eg. physical assault, sexual or emotional abuse, verbal threats of violence, I fear for my safety)
- I am being harassed, for example because of my sex, race, age, sexuality, religion or disability
- My housing is making my health worse
- My housing is unsuitable due to problems with physical mobility
- My housing is in an unsuitable location, eg. poor access to services, family or friends. Please write why the location is unsuitable:


- My housing is unsuitable for another reason. Please write why:


- My lease/residential tenancy agreement is about to expire
- I have received an eviction notice - Date:
- My family or household is separating
- My housing is in very poor condition or is dangerous
- My housing is overcrowded:
  - How many people live in your home?
  - How many bedrooms are there?
- Other reasons (please write what they are)

46. Do you or any members of your household have a disability?

- A physical disability, including a long-term illness that restricts everyday activities
  - Person's name:

- Sight, hearing or speech problems
  - Person's name:

- An intellectual disability (difficulty learning or understanding) where the person needs help or supervision
  - Person's name:

- A mental illness where the person needs help or supervision
  - Person's name:

- Other disability (Please write what it is)
  - Person's name:
47. Please give as much detail as you can about your reasons for wanting or needing to move.


48. Are you able to live independently, without support?

☐ Yes
☐ No

WHAT TYPE OF HOUSING DO YOU NEED?

49. Are you or anyone in your household unable to climb stairs?

☐ Can climb stairs
☐ Can climb stairs but with difficulty
☐ Cannot climb stairs

50. Do you or any members of your household need:

Wheelchair access?

☐ Yes    ☐ No

Ground floor access?

☐ Yes    ☐ No

Modifications such as handrails?

☐ Yes    ☐ No

51. If you answered ‘Yes’ in Question 50 please describe what modifications are needed.


52. What type of housing would you think about accepting?

☐ Unit
☐ House
☐ Townhouse
☐ I do not mind

_Q Please tick as many as you like. Not all housing associations offer all types of housing._

53. How many bedrooms do you feel you need?

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5
54. If the number of bedrooms selected includes a spare room, please explain why you need this extra room.

55. Do you have your own car or motorbike? □ Yes □ No

56. Do you have any pets?

☐ Please write down what they are.

57. Would you accept housing that does not allow pets? □ Yes □ No

58. Is there anything you would like to add to help your application?

59. Have you had help filling in this form from a worker at a housing association office? □ Yes □ No
CONFLICT OF INTEREST

60. Do you or any members of your household have a close connection, relationship or friendship with a staff or Board member of Pacific Link Community Housing Association Ltd.

☐ No
☐ Yes - Please write their name and relationship to you:
Person's name
Person's relationship to you

PERMISSION TO PASS YOUR APPLICATION ON TO HOUSING ASSOCIATIONS IN THE AREAS WHERE YOU WANT TO LIVE

I give permission and authorise the NSW Federation of Housing Associations, or a NSW housing association, to give my application to the housing associations that cover the areas where I want to live, as shown in Question 1 on the application form.

Applicant Name

Applicant Signature

Date

Applicant Name - Joint Applicant

Applicant Signature - Joint Applicant

Date

PERMISSION TO COLLECT, RECEIVE AND GIVE INFORMATION ABOUT YOU FROM/TO ANOTHER ORGANISATION OR PERSON

☐ You have given personal information on this application form. This information will only be used by Pacific Link Community Housing Association Ltd to process your application for housing.

When assessing your application we may need to talk to your housing support worker, carer, health professional or the Department of Housing. Before we can speak to them we will need your permission. Only details which relate directly to your application for housing with Pacific Link Community Housing Association Ltd can be discussed.

If you change your mind and you no longer give permission for your personal information to be used or disclosed, then you can withdraw your permission at any time by writing to Pacific Link Community Housing Ltd. Your withdrawal will only take effect when Pacific Link Community Housing Ltd writes back to you confirming it received your letter.

If you do not give permission your application cannot be processed.

You have the right to look at your personal information and to make corrections, in accordance with the NSW Privacy and Personal Information Protection Act, 1998.
Permission to collect information about you from another person or organisation

I give permission and authorise Pacific Link Community Housing Association Ltd to collect personal information about me from a relevant person or organisation (including any support worker or health care professional), as long as the information is relevant to my application for housing with Pacific Link Community Housing Association Ltd.

I agree that Pacific Link Community Housing Association Ltd does not need to tell me each time it collects personal information about me.

Permission to give information about you to another person or organisation

I give permission and authorise Pacific Link Community Housing Association Ltd to give personal information about me to a relevant person or organisation (including any support worker or health care professional), as long as the information is relevant to my application for housing with Pacific Link Community Housing Association Ltd.

I agree that Pacific Link Community Housing Association Ltd does not need to tell me each time it gives personal information about me.

Permission for another person or organisation to give information about you

I give my permission and authorisation for relevant people or organisations to provide, confirm or clarify personal information about me, as long as the information is relevant to my application for housing with Pacific Link Community Housing Association Ltd.

In particular I give my permission and authorise the following people or organisations to provide, confirm or clarify personal information about me.

- NSW Department of Housing (the Department of Housing needs to be contacted to find out if you are eligible for housing).

① This could be your support worker, carer or doctor, for example.

- Name of person or organisation?

[Box for name]

[Box for phone number]

- Name of person or organisation?

[Box for name]

[Box for phone number]

- Name of person or organisation?

[Box for name]

[Box for phone number]

Permission and Declaration

I have understood the instructions given on this application form.

I agree that the information provided on this form is correct, to the best of my knowledge.

I understand that there are penalties for giving false or misleading information.

I will inform Pacific Link Community Housing Association Ltd of any changes in my circumstances.

Applicant Name

[Box for name]

Applicant Name - Joint Applicant

[Box for name]

Applicant Signature

[Box for signature]

Applicant Signature - Joint Applicant

[Box for signature]

Date

[Box for date]

Date

[Box for date]

① Applicant to keep photocopy of completed application form
WENTWORTH AREA COMMUNITY HOUSING LTD

CONFIDENTIAL
APPLICATION FOR HOUSING

Please answer all the questions in as much detail as possible. What you say on this form will be used to make our first assessment of your application. Please attach or provide any supporting letters or documents that may assist your application.

Please remember to sign and date the declaration at the end of this form.

1. YOUR DETAILS

MAIN APPLICANT

Family name: __________________________
Given name(s): _________________________
ADDRESS: ____________________________

Phone: ____________ Mobile: ____________
DATE OF BIRTH: ____________
SEX: male ☐ female ☐

CULTURAL IDENTITY
What is your country of birth?
What is your first language?
Do you need an interpreter? Yes ☐ No ☐

Are you Aboriginal or a Torres Strait Islander? Yes ☐ No ☐

If we are unable to contact you at this address or phone number, is there somewhere we can leave a message for you?
Name: __________________________ Contact phone number: ____________

ADDITIONAL APPLICANT/PARTNER (if applicable)

Family name: __________________________
Given name(s): _________________________
ADDRESS: ____________________________

Phone: ____________ Mobile: ____________
DATE OF BIRTH: ____________
SEX: male ☐ female ☐

CULTURAL IDENTITY
What is your country of birth?
What is your first language?
Do you need an interpreter? Yes ☐ No ☐

Are you Aboriginal or a Torres Strait Islander? Yes ☐ No ☐

Relationship to main applicant: __________________________

Will this person also sign the tenancy agreement and be a joint tenant? Yes ☐ No ☐

ELIGIBILITY FOR SOCIAL HOUSING

Are you permanent residents or citizens of Australia? Yes ☐ No ☐

Have you applied to the Department of Housing? Yes ☐ No ☐

Please provide your T Number: ____________ and the date you applied: ____________

Have you been a tenant of this community housing organisation before? Yes ☐ No ☐

If yes, please give the approximate dates: __________________________
2. OTHER PEOPLE WHO WILL BE HOUSED WITH YOU

Please list everyone else who will live with you if WACH is able to house you, even if they do not live with you now. Please tick the last column if they are NOT living with you now.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>SEX</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>RELATIONSHIP TO YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

3. FINANCIAL INFORMATION

HOUSEHOLD INCOME

Please provide information below on your household's gross income. This is the income before tax. Please list all the members of your household who have an income, including yourself.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TYPE OF INCOME</th>
<th>AMOUNT EACH WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eg Wage, benefit, pension, investments etc</td>
<td>$</td>
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<td></td>
<td>$</td>
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<td>$</td>
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<td>$</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS HOUSEHOLD INCOME PER WEEK $

4. PREVIOUS SOCIAL HOUSING

Have you lived in a Department of Housing or Community Housing property before? Yes □ No □

Which area did you live in? ________ Who was your landlord? ________

Why did you leave? ____________________________________________________________

Do you owe the Department of Housing any money for rent, damage or other debt? Yes □ No □

(If you have a debt with the DoH you will need to be paying it off to be eligible for Community Housing)

5. YOUR CURRENT HOUSING

What sort of housing do you live in now? Please tick the most appropriate answer.

- Community Housing
- Department of Housing
- Privately Rented Housing
- Owner Occupier
- Crisis accommodation/Refuge
- Prison/Detention Centre
- Boarding House/Hostel
- Hospital/Rehab Centre
- Staying with family/friends
- Homeless/sleeping rough
- Caravan Park
- Other (please describe below)

Please describe your current housing. ________________________________________________

How long you have been in this situation? ____________________________
How much rent do you pay (if any)? $___________ per week

Do you have a current lease? Yes □ No □ If so when does the lease finish? ____________________________

Who is the owner or Real Estate Agent? __________________________________________________________

Please list your previous addresses for the past 2 years

<table>
<thead>
<tr>
<th>Address</th>
<th>When</th>
<th>Owner/Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Why do you want or need to move? Please tick all the boxes that apply to you
(Where possible you will need to provide documentation to verify this eg Termination notice, GP letter, etc)

☐ Rent/board is too expensive
☐ Homeless or soon to be homeless
☐ Received an eviction notice
☐ Housing is unsuitable due to physical mobility problems
☐ Escaping domestic violence
☐ Racial/sexual harassment
☐ Leaving crisis accommodation
☐ Housing is overcrowded
☐ Family is separating
☐ Housing is in poor condition
☐ Housing making health worse

Please give as much detail as you can about your reasons for wanting or needing to move

__________________________________________

__________________________________________

6. YOUR HOUSING NEEDS

How many bedrooms do you feel you need? Please circle one: 1 2 3 4 5

Please give a reason if the number of bedrooms needed includes a spare room, or separate bedrooms for children of the same sex and similar age

Which area would you prefer to live in, if you had a choice? Tick as many as you like.

<table>
<thead>
<tr>
<th>No preference</th>
<th>Penrith</th>
<th>St Marys</th>
<th>Blue Mountains</th>
<th>Richmond</th>
<th>Windsor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Upper</td>
<td>Mid</td>
<td>Lower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Please give a reason for your choice(s)

__________________________________________

Are there any suburbs you are unable to live in?

If you are currently living outside the area why do you wish to move here?

__________________________________________
7. SPECIAL NEEDS

Does anyone in your household have a disability or serious health problem? Please tick the relevant box.

☐ A physical disability that restricts everyday activities
☐ Sight, hearing or speech problems
☐ An intellectual disability where the person needs help or supervision
☐ A mental illness where the person needs help or supervision
☐ Other disability
☐ Serious health problem

If you tick one of the above, please write the person's name and describe the condition: ____________________________

Are you or anyone in your household unable to climb stairs? ☐ Can climb stairs
☐ Can climb stairs but with difficulty
☐ Cannot climb stairs

Do you or any member of your household need: ☐ Wheelchair access
☐ Modifications such as handrails

Are you able to live independently, without support? Yes ☐ No ☐

Do you have a car? Yes ☐ No ☐

Do you have any pets? Yes ☐ No ☐ What sort? ____________________________

8. OTHER INFORMATION

Does anyone included on your application have a relationship with a member of our management or staff? Yes ☐ No ☐ Please give brief details: ____________________________

We like to know how applicants for housing find out about us. This helps us make sure that we are accessible to our local communities. How did you find out about community housing?

☐ From a community housing tenant
☐ From another service?
Which one? ____________________________

☐ From an applicant waiting to be housed
☐ From Department of Housing
☐ Other
Please describe: ____________________________

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT SUPPORTS YOUR APPLICATION FOR HOUSING

To the best of my knowledge, the information I have provided on this form is true and correct. I give permission and authorise WACH to collect personal information about me from a relevant person or organisation (including DoH and any support worker or health care professional), as long as the information is relevant to my application for housing. I will inform WACH of any change in my circumstances.

Main Applicant – Name ____________________________ Additional applicant – Name ____________________________

Signature __________________ Date __________________ Signature __________________ Date __________________

Would you like a copy of this application? Yes ☐ No ☐
Please provide the following information with your application (where appropriate):

- Evidence of your "T" number with the Department of Housing – computer printout (we cannot process your application without this)

Proof of Income – Centrelink printout or wageslips

Proof of your current rent payments – copy of lease or rent receipts

If you are being evicted copies of Termination Notice and Tribunal Orders

If you are homeless, copies of documentation relating to previous tenancy – lease, NTQ, Tribunal Orders etc

If you are a victim of Domestic Violence or are suffering other harassment - supporting evidence from either the police, doctor, court, counsellor, support worker etc

- If you have a disability or suffer a debilitating or chronic medical condition - any supporting doctors certificates or medical reports and associated costs

If you are living in crisis accommodation or receive support from another service/ agency - any support letters from your support worker or counsellor

- If you are a newly arrived immigrant – evidence of refugee status

If you are living with family or friends who cannot provide long term accommodation – a statutory declaration signed by them outlining the reasons why you cannot stay with them

Any other information that you believe may assist your application for housing

IF YOU ARE STILL UNSURE AS TO WHAT INFORMATION WE REQUIRE PLEASE CONTACT ANY OF OUR OFFICES AND WE WILL BE MORE THAN HAPPY TO ASSIST.

Thank you for completing the form. Please return it to:
WENTWORTH AREA COMMUNITY HOUSING
PO BOX 4303, PENRITH PLAZA 2750
Suite 202, Level 2, 148 Henry Street, Penrith

OUR SERVICE COMMITMENT TO YOU

1. We will give your our initial assessment within 28 days
2. If you are dissatisfied with our service you have the right to make a complaint
3. If you disagree with a decision we make you have the right to appeal our decision

Wentworth Area Community Housing Ltd is a non-profit, affordable rental housing provider
Lease Application

Special Service for NEAMI

Date:

Surname: ........................................... First Name:

D.O.B.: ................. Sex  M  F  No. of Children:

Phone No: ............

Property: ..............

Appointment to sign Lease: ..............

Bond: is paid by Tenant

Income per fortnight: ......................... Centrelink Reference No: ......................

An income statement from Centrelink needs to be provided by applicant prior to signing of lease documents.

Have you applied for Departement of Housing: ........... Date: ......................

Your reference no at DOE: ...........

Other information: ..............................................................................................

Name of Support Worker: ..............

I agree to release the above information to Argyie Community Housing Ass.

Signature of Applicant: ..............

Date: ......................

OFFICE USE:

Tenant Code: .............. Property Code:
Appendix I: Individual Service Plans

**New Horizons Enterprises Limited**  
**Central Coast Branch**  
**H.A.S.I. Program**  
**SUPPORT CONTRACT**

**CLIENT DETAILS**

Name:  
Address:  
D.O.B.:  

Others to be housed at this address:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>D.O.B.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**TERMS AND CONDITIONS OF CONTRACT**

1. The period of this contract shall be ______________ commencing on __________ and ending on __________.

2. New Horizons agrees to offer support while I remain a client of the H.A.S.I. Program. Support of up to __________ hours per week will be coordinated by New Horizons during the period of this contract.

3. Support Workers will use the time to assist me with the following tasks and activities:
   - ____________________________________________________________________
   - ____________________________________________________________________
   - ____________________________________________________________________

4. In accepting this community housing, I agree to receiving support from New Horizons for the term of this contract.

5. I agree that Support Workers employed and contracted by New Horizons shall have access to my property to assist me with the above tasks and activities.

6. I agree to meet with the New Horizons H.A.S.I. Coordinator at least once every three months to discuss, monitor, and evaluate the support provided.

7. If my support needs decrease or increase significantly so that I no longer fall into the target group for the initiative, I agree that my Care Coordinator can call a care conference with myself and or my advocate, New Horizons and Pacific Link to discuss arrangements for more suitable support or housing arrangements.

---

8.

9.

4 days notice in writing of the intention to end this support

I, ____________________________ confirm that the terms and conditions of this contract were individually read out and explained to me and that I fully understand them.

Signed ______________________ (HASI client) _____/____/____

Signed ______________________ (New Horizons) _____/____/____
## New Horizons Enterprises Limited

### HASI SUPPORT PLAN

<table>
<thead>
<tr>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of initial meeting:</td>
</tr>
<tr>
<td>Name of initiative Client:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Name of Key Worker:</td>
</tr>
</tbody>
</table>

**Present at Support Planning Meeting:**

Name:

Name:

Name:

Name:

Name:

Name:

Name:
Service Providers Involved in Clients Life:

Name:  
Agency:  
Contact Details:  
Role:  

Name:  
Agency:  
Contact Details:  
Role:  

Name:  
Agency:  
Contact Details:  
Role:  


KEY SUPPORT AREAS

Client identified Support Needs:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Staff identified Support Needs (if different from above):

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
### SUPPORT PLAN OBJECTIVES

<table>
<thead>
<tr>
<th>Objective 1:</th>
<th>Task(s)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Who is responsible?</td>
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</table>

<table>
<thead>
<tr>
<th>Objective 2:</th>
<th>Task(s)</th>
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<tbody>
<tr>
<td></td>
<td>Who is responsible?</td>
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</table>

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<thead>
<tr>
<th>Objective 3:</th>
<th>Task(s)</th>
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<td></td>
<td>Who is responsible?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 4:</th>
<th>Task(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who is responsible?</td>
</tr>
</tbody>
</table>
Plan Review Due:

To be contacted the week before the review date to arrange a suitable day and time.

I, , confirm that the objectives of my support plan have been explained to me and that I agree with them.

Signature:  

Key Worker:  

HASI Coordinator or designate:  
Transition Plan for Mr. as at 21/09/2004

**Accommodation / Location**
Mr. has been accepted into the RFNSW/HASI program and is now living in a one-bedroom Department of Housing premises at __________. Mr. is close to shops, medical facilities, public sporting fields and public transport.

**Transport**
... is competent in his use of public transport eg, he is aware of bus stops and times. The bus stop can be located on Ziegler Avenue to the side of ...’s flat. ... also has a bike that he uses when he does not have funds available to catch the bus.

**Medical GP’s Address / Pharmacist**
Mr. ’s General Practitioner is Dr. .... and can be contacted on __________. .... collects his medication monthly from his Psychiatrist, Dr. __________, at Community Mental Health. It is necessary for .... to have a blood test at Kooringal Mall Pathology the day before he sees Dr. __________ at the Clozarlin clinic.

**Medication**
Mr. requires supervision in regards to medication management. He is slightly unreliable in looking after and taking his own prescribed medication on time. .... is usually willing to take psychiatric medication when prescribed by a doctor. If possible RFNSW staff are to monitor .... of an evening to ensure he takes his medication. If RFNSW members of staff have face-to-face contact with .... of a morning his dosset box should be checked to ensure compliance with medication regime. If ....’s medication is not taken for three days in a row the Clozapine regime must be recommenced from a lower dosage. ....’s medication makes him drowsy and he usually falls asleep about an hour after taking it.

**Mental Illness**
.... was diagnosed with Schizophrenia in October 2001

**Finance**
.... needs support in regards to money management. His co-morbid use of alcohol and cannabis has an impact on his finances. .... and RFNSW staff members have rectified an account that he received from the Australian Tax Office for $1585. .... also had a phone bill for $229:
The Richmond Fellowship of NSW – Confidential
he rectified this account when he received his tax return. .... also finds it difficult to adhere to a set budget; he often has no food remaining by the end of his non-pay week.

Health Needs and Nutrition

.... finds it difficult to maintain an adequate diet. He has previously stated that he likes to cook meals such as vegetable soup (which he cooks from scratch), bacon and eggs, chips (fried sliced potatoes), sausages, onions and potato and pumpkin mash. Food seems to be costing .... more than he initially expected. Dietary requirements may need to be discussed further as it appears .... is lacking in iron intake. .... likes the idea of menu planning as a way of putting together a grocery/shopping list. .... does not believe he needs any help in the preparing and cooking of meals.

.... finds it difficult to adhere to a set budget; he often has no food remaining by the end of his non-pay week. .... and RFNSW staff members have made a compromise whereby his weight is recorded in the office fortnightly and in return RFNSW staff are to no longer discuss with him on a regular basis whether or not he has eaten lately, how much food he has at the present time, dietary requirements, and the purchasing of groceries etc.

Personal Care Needs

....'s personal hygiene and self-care skills are almost totally self-sufficient. He is moderately well groomed, ensures a moderate cleanliness of clothes while slightly neglects his physical health. It needs to be addressed with .... in the near future the issue of his excessive earwax and perhaps having it drained by his doctor.

Family Contact

.... has an elderly father and his mother has in the last year died of cancer. ....'s father is aware of his son's involvement with the program and has been informed as to how to contact RFNSW staff if the need arises. ...... has also been provided with literature on the HASI program. ....'s mother was very involved in his life, they used to go grocery shopping together and occasionally attended the horse races.

Communication Skills

.... has slight difficulty with initiating and responding to conversation. .... attempts to make continuous eye contact, though at times he finds this difficult.

Social Skills

According to ....'s referral .... withdraws slightly from social contact. He finds it difficult to form new relationships, while he has difficulty keeping friendships. Again, according to his referral .... has previously
shared a flat with another young man, though he found he had a problem living with others.

At present ..., occupies his day by visiting friends and using substances. ..., has a dependence upon alcohol and marijuana and uses these drugs problematically. He does not believe that his use of these is a problem. ..., has access to a tick where he can receive marijuana and pay for it at a later date. Drug and alcohol counselling may be something that can be discussed with ..., in the future. ..., needs support in improving this area of his life.

**Activities of Daily Living**

..., has activities of daily living, which are outlined in a daily support plan. ..., requires constant motivation, as he has trouble attending to these appointments. ..., needs guidance in relation to cooking, housework, shopping and washing. There are days when ..., is totally unable or has to reduce his day-to-day activities because of the way he is feeling. ..., has trouble waking before 10 o'clock in the morning. He occasionally attends Micah House where he is able to have lunch free of charge; he is required to be at Micah House at 11 am to have lunch at 12 pm.

**Leisure and Recreational**

..., enjoys fishing at Lake Albert with his father and brothers. He is also interested in drawing pictures. ..., has discussed his interest in joining a support group for people with schizophrenia. i.e. The Birgee Group. He likes the idea of being able to make friends with people who have had similar experiences to his own.

**Vocational Skills**

..., is able to gain employment, and is capable of part-time work. He is employed on a casual basis as a cleaner at ... On average this is a couple of times a month. There are days when ..., is totally unable to work or study due to the way he is feeling. Occasionally ...,'s father pays him for work undertaken around the house. ..., is interested in studying childcare at TAFE; he has discussed undertaking a course that could lead to employment. Though he believes at this stage he would only be able to handle attending TAFE three days a week. ..., has previously completed courses through Riverina Group Training & Employment and wishes to investigate what other courses are available. ..., completed Year 12 at High School. ..., would like to locate copies of these certificates as the originals were stolen. He takes the time to read and comprehend any written information supplied to him. ..., has organised to volunteer at the St Vincent De Paul Rag Recycling Centre on Mondays and Tuesdays from 9 am to 4 pm, though he has yet to attend.
Relationships

... is not in a relationship at the moment, and has not been since he was diagnosed with Schizophrenia in October 2001. ... has a group of friends who are located within walking distance from his home, and this is where he spends most of his time.

Sexual Health

Sexual health is an area to be addressed in the near future.

Cultural and Spiritual Needs

... is Catholic and believes in God. He likes to attend church at 5.30pm on Sundays at the Sacred Heart Parish.

IMPORTANT CONTACT NUMBERS

RFNSW – Suite 4, 176 Baylis St, Wagga Wagga, 2650. Ph. (02) 69215269

Accessline – 1800 800 944

Department of Housing – A/H. 131.57 or Ph. (02) 69210099

Country Energy – Ph. 132080

Police – Ph. (02) 69210544 or Emergency 000

Ambulance – 000

Telstra – 132 200

Fire Brigade - 000

Compiled by:
Melissa Horley
Community Support Worker
21/9/04

Copy:
1. To Mr ...
2. To RFNSW file
### Personal Requirement Checklist

#### Name: ______________________  Date: ______________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/ No?</th>
<th>Purchased at?</th>
<th>Is it through a Purchase Order or Account?</th>
<th>Expected Delivery Date?</th>
<th>Date Received</th>
<th>Serial Numbers</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
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<tr>
<td>Fridge – max 210L</td>
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<tr>
<td>Microwave</td>
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<td>Toaster</td>
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<tr>
<td>Jug / Kettle</td>
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<td>Electric frying pan</td>
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<td></td>
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<tr>
<td>Baking Dish</td>
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</tr>
</tbody>
</table>

---

Personal Requirement Checklist – HASI Rural Program June 2004
Richmond Fellowship of NSW
### Personal Requirement Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/ No? If No, Why?</th>
<th>Purchased On?</th>
<th>Is It Through a Purchase Order or Account?</th>
<th>Expected Delivery Date?</th>
<th>Date Received</th>
<th>Serial Numbers</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee table</td>
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</tr>
<tr>
<td>Heater</td>
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<tr>
<td>Fan</td>
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<tr>
<td><strong>Bedroom</strong></td>
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</tr>
<tr>
<td>Bed</td>
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<td>Lamp</td>
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</tr>
<tr>
<td>Blankets / doona</td>
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</tr>
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<td>Pillows</td>
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</tr>
<tr>
<td>Sheets/pillow cases</td>
<td></td>
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</tr>
</tbody>
</table>

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Personal Requirement Checklist – HASI Rural Program June 2004
Richmond Fellowship of NSW
**Personal Requirement Checklist**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the following item required?</th>
<th>Yes/No?</th>
<th>Purchased at?</th>
<th>Is it through a Purchase Order or Account?</th>
<th>Expected Delivery Date?</th>
<th>Date Received</th>
<th>Serial Numbers</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bathroom / Toilet</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Towels</td>
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<td></td>
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<tr>
<td>Dirty Clothes Basket</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bath Mat</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Toilet Brush</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Toilet Mat</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Laundry / Misc.</strong></td>
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<td></td>
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<td></td>
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<tr>
<td>Washing machine 5kg</td>
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<td></td>
</tr>
<tr>
<td>Dust-pan/broom</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mop/bucket</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing basket/peg</td>
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</tr>
<tr>
<td>Vacuum cleaner</td>
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</tr>
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<td>Iron</td>
<td></td>
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<td>Ironing Board</td>
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<td></td>
</tr>
<tr>
<td>Ash Tray</td>
<td></td>
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</tr>
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</table>

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Personal Requirement Checklist – HASI Rural Program June 2004
Richmond Fellowship of NSW
## Daily Support Plan

<table>
<thead>
<tr>
<th>Monday 26th July</th>
<th>Tuesday 27th July</th>
<th>Wednesday 28th July</th>
<th>Thursday 29th July</th>
<th>Friday 30th July</th>
<th>Saturday 31st July</th>
<th>Sunday 1st August</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 AM</td>
<td>8:00 AM</td>
<td>Staff phone call</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 AM</td>
<td>10:00 AM</td>
<td>Staff will pick up this time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 AM</td>
<td>11:00 AM</td>
<td>Please takedep injection. Bring wallet with bus fare and id.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 AM</td>
<td>12:00 PM</td>
<td>Catch bus to RFNSW office. Bring lunch, bus fare and id.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 PM</td>
<td>1:00 PM</td>
<td>Staff visit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td>2:00 PM</td>
<td>Bike ride</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 PM</td>
<td>3:00 PM</td>
<td>Catch bus into office. Finance, Banking, Free time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 PM</td>
<td>4:00 PM</td>
<td>Begin work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00 PM</td>
<td>5:00 PM</td>
<td>Budget review with staff. Staff to phone Dr. regarding diet plans.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00 PM</td>
<td>6:00 PM</td>
<td>Staff phone call.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:00 PM</td>
<td>7:00 PM</td>
<td>Catch bus into town. Shopping for all supplies, see budget.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 PM</td>
<td>8:00 PM</td>
<td>Phone family if choose to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00 PM</td>
<td>9:00 PM</td>
<td>Bidgee group walk &amp; coffee. Meet at library at 11:00am.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 PM</td>
<td>10:00 PM</td>
<td>Activity of choice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 PM</td>
<td>11:00 PM</td>
<td>Bidgee group walk &amp; coffee. Meet at library at 11:00am.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

---

For use only as a guide and a reminder tool.
Re:

DOB:

23/09/2004

As a result of a meeting between Mental Health Manager, Case Manager and myself, with members of the Richmond Team to develop a Service Plan.

Case Manager’s Responsibilities:

1. To Monitor Mental State of the client, monthly, face-to-face with Client and the Richmond Fellowship of NSW staff.

2. Arrange Psych Review, Six monthly or as deemed necessary. Attend same.

   Due: Booking request made, TBA.

3. Attend to Mi-LOAT Assessments, Care Plans, reviews in conjunction with the Client and the Richmond Fellowship of NSW staff.

4. Case Manager or Delegate to respond to any Accessline request as per the guidelines. Inform the Richmond Fellowship of NSW staff if required.

5. Attend Clozapine Clinic visits as required and follow up with Dr

The Richmond Fellowship of NSW (RFNSW) responsibilities:

1. RFNSW staff will provide accommodation support that will assist to maintain his skills and independence in relation to his accommodation. Current days: Monday, Wednesday & Friday.

2. RFNSW staff will monitor and encourage to take daily medication, as required.

3. RFNSW staff will encourage and accompany to maintain appointments for pathology, Clozapine Clinic (Monthly - Tuesday) and other appointments as required.

4. RFNSW staff will focus on maximising the independence of by identifying client based needs and goals. This will be assistance with activities of daily living, including domestic chores, cooking, shopping, cleaning and
laundry; budgeting of income; health care, including the identification of
general health and rehabilitation needs and the seeking of assistance when
required.

5. Contact Access Line in the event of an emergency between weekly
appointments as per guidelines.

Next Review Date: 22 October 2004 (10AM)

Andrew Delane
(Case Manager)
Community Mental Health Service
Greater Murray Area Health

Signature: [Signature]
Date: 23-9-04

Micheline Redmond
(Key Worker)
The Richmond Fellowship of NSW
Wagga Wagga Office

Signature: [Signature]
Date: 23-9-04
The Richmond Fellowship of NSW

Personal Budget

Date: Thursday 23rd September 2004

...’s (name) fortnightly budget starting September 23rd 2004

<table>
<thead>
<tr>
<th>Income</th>
<th>Fortnightly Amount Rounded</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net pay</td>
<td>$464</td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Allowance</td>
<td>$5</td>
<td></td>
</tr>
<tr>
<td>Total Income</td>
<td>$479</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Fixed Expenses</th>
<th>Fortnightly Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$112</td>
<td></td>
</tr>
<tr>
<td>Utilities Electricity</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>...’s personal spending money</td>
<td>$80</td>
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<tr>
<td>S2 account</td>
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<td></td>
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<tr>
<td>S5 account</td>
<td>$20</td>
<td></td>
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<tr>
<td>RFNSW service users fee</td>
<td>$45</td>
<td></td>
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<tr>
<td>Total fixed expenses</td>
<td>$282</td>
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</table>

<table>
<thead>
<tr>
<th>Variable Expenses</th>
<th>Fortnightly Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$120</td>
<td></td>
</tr>
<tr>
<td>Bus fare 8/14 x 3.80 = $30.40</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>Total variable expenses</td>
<td>$150</td>
<td></td>
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Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>$479</td>
</tr>
<tr>
<td>Total fixed and variable expenses</td>
<td>$442</td>
</tr>
<tr>
<td>Difference between income and expenses</td>
<td>$28</td>
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</tbody>
</table>

This is only a guide and is what was agreed to be paid this fortnight.
## Meal Planner

Type the week’s starting date in cell E3. The rest of the meal planner for the week beginning: 6/30/2004.

<table>
<thead>
<tr>
<th></th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>June 30</strong></td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
<td>Breakfast</td>
</tr>
<tr>
<td><strong>July 01</strong></td>
<td></td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td><strong>July 02</strong></td>
<td></td>
<td>Dinner</td>
<td>Dinner</td>
<td>Dinner</td>
<td>Dinner</td>
<td>Dinner</td>
<td>Dinner</td>
</tr>
<tr>
<td><strong>July 03</strong></td>
<td></td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
</tr>
</tbody>
</table>

---

133
**NEAMI CAN SUMMARY / INDIVIDUAL SERVICE PLAN**

**DATE:**

**CLIENT:**

**WORKER:**

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>USER'S VIEW OF SERVICES REQUIRED</th>
<th>ACTION(S)</th>
<th>BY WHOM</th>
<th>REVIEW DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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</table>
# CANSAU – CONSUMER RATING

**Consumer Name:**

**Staff Name:**

**Date:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>This area remains a serious problem for me despite any help I am given.</td>
<td>☐ ☐ ☐ ☐</td>
<td>(Unmet need)</td>
</tr>
<tr>
<td>This area is not a serious problem for me because of help I am given.</td>
<td>☐ ☐ ☐ ☐</td>
<td>(Met need)</td>
</tr>
<tr>
<td>This area is not a serious problem for me at all.</td>
<td>☐ ☐ ☐ ☐</td>
<td>(No need)</td>
</tr>
</tbody>
</table>

**I do not want to answer this question**

1. **Accommodation** - What kind of place do you live in?
   - ☐ ☐ ☐ ☐
2. **Food** - Do you get enough to eat?
   - ☐ ☐ ☐ ☐
3. **Looking after the home** - Are you able to look after your home?
   - ☐ ☐ ☐ ☐
4. **Self-Care** - Do you have problems keeping clean and tidy?
   - ☐ ☐ ☐ ☐
5. **Daytime activities** - How do you spend your day?
   - ☐ ☐ ☐ ☐
6. **Physical Health** - How well do you feel physically?
   - ☐ ☐ ☐ ☐
7. **Psychotic symptoms** - Do you ever hear voices or have problems with your thoughts?
   - ☐ ☐ ☐ ☐
8. **Information on condition and treatment** - Have you been given clear information about your medication?
   - ☐ ☐ ☐ ☐
9. **Psychological distress** - Have you recently felt very sad or low?
   - ☐ ☐ ☐ ☐
10. **Safety to self** - Do you ever have thoughts of harming yourself?
    - ☐ ☐ ☐ ☐
11. **Safety to others** - Do you think you could be a danger to other people’s safety?
    - ☐ ☐ ☐ ☐
12. **Alcohol** - Does drinking cause you any problems?
    - ☐ ☐ ☐ ☐
13. **Drugs** - Do you take any drugs that aren’t prescribed?
    - ☐ ☐ ☐ ☐
14. **Company** - Are you happy with your social life?
    - ☐ ☐ ☐ ☐
15. **Intimate relationships** - Do you have a partner?
    - ☐ ☐ ☐ ☐
16. **Sexual Expression** - How is your sex life?
    - ☐ ☐ ☐ ☐
17. **Child Care** - Do you have any children under 18?
    - ☐ ☐ ☐ ☐
18. **Basic Education** - Any difficulty in reading, writing or understanding English.
    - ☐ ☐ ☐ ☐
19. **Telephone** - Do you know how to use a telephone?
    - ☐ ☐ ☐ ☐
20. **Transport** - How do you find using the bus, tram or train?
    - ☐ ☐ ☐ ☐
21. **Money** - How do you find budgeting your money?
    - ☐ ☐ ☐ ☐
22. **Benefits** - Are you getting all the money you are entitled to?
    - ☐ ☐ ☐ ☐

For consent please turn over and sign → ☐ ☐ ☐ ☐
I consent for the information on this form to be forwarded to the relevant government department because it is part of Neami’s funding and service agreement. I understand the information forwarded will not include my name. My support worker has explained this to me and I understand and consent.

Signed: ___________________________  Date: ___/___/___

Please tick box and fill in date

- First CAN/CANSAS-U  [ ] Date: ___/___/___
- Review CANSAS-U [ ] Date: ___/___/___
### BASIS 32 Consumer Self Rated Mental Health Measure

This is a self-rated measure of mental health status. On the following pages is a list of life issues which some people experience difficulties. **Using the scale below, fill in the box with the answer that best describes how much difficulty you have experienced in each area DURING THE LAST WEEK.**

- 0 = No Difficulty
- 1 = A Little Difficulty
- 2 = Moderate difficulty
- 3 = Quite a Bit of Difficulty
- 4 = Extreme Difficulty

Please answer each question. Try not to leave any question blank. If there is an area you consider not applicable to you, place 0 = No Difficulty.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Service Area:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Basis 32</th>
<th>12 monthly Basis 32</th>
<th>Exit Basis 32</th>
<th>Post Exit Basis 32</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date filled out:</th>
<th>Staff name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Managing day-to-day life - getting to places on time, handling money, making everyday decisions
2. Household responsibilities - shopping, cooking, doing the laundry, keeping room clean, doing other chores
3. Work - E.g. completing tasks, performance level, finding/keeping a job
4. School - E.g. completing assignments, attendance, academic performance
5. Leisure time or recreational activities
6. Adjusting to major life stresses - E.g. separation, divorce, moving house, new job, new school, a death
7. Relationships with family members
8. Getting along with people outside the family
9. Isolation or feelings of loneliness
10. Being able to feel close to others
11. Being realistic about yourself or others
12. Recognising/expressing emotions appropriately
13. Developing independence, autonomy
14. Goals or Direction in Life
15. Lack of self-confidence, feeling bad about yourself
# Information Collection Systems in HASI: Issues Paper

## Neami Risk Assessment Form

**Consumer Name:**

**Assessment Date:**

**Review Date:**

### Substance abuse

**History**

---

**Substances used (alcohol/illicit drug/drug)**

---

**Frequency**

---

**Effects/impact on others**

---

**Side effects**

---

**Withdrawal states**

---

**Interaction with psychiatric symptoms**

---

**Previous management strategies**

---

**Risk strategy**

---

**Risk strategy prepared by**

---

### Violence and/or self harm

**History**

---

**Effects/impact on others**

---

**Known triggers**

---

**Known date of last incident**

---
Interaction with psychiatric symptoms

Previous management strategies

Risk strategy

Risk strategy prepared by

Medication compliance

History

Factors that assist compliance

Triggers

Effects/Impact on others

Previous management strategies

Risk strategy

Risk strategy prepared by
### Living Arrangements

**Lives with:**

**Neighbourhood:**

**Friends/family staying in room/unit:**

**Exit points from room/unit:**

**Number of other people living in same complex:**

**Extra staff required for outreach:**

**Risk strategy:**

**Risk strategy prepared by:**

---

**Authorised by:**

**Date:**

**Review date:**

**Outcome:**
## Appendix J: Other Forms

### Complaint Register Form

<table>
<thead>
<tr>
<th>DATE:</th>
<th>RECEIVED BY:</th>
<th>REFERRED TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMPLAINANT:**  
(include name & contact details)

**RESPONDENT:**  
(include name & contact details)

**DESCRIPTION:**  
(clearly identify the issues and dates when occurred)
<table>
<thead>
<tr>
<th><strong>Wentworth Area Community Housing</strong></th>
<th><strong>COMPLAINT FORM</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name and address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What I am dissatisfied about:</strong></td>
<td>(Please say what happened and when)</td>
</tr>
<tr>
<td><strong>What I have already done to try to sort this out:</strong></td>
<td>(Please tell us about any phone calls, letters, visits etc)</td>
</tr>
<tr>
<td><strong>What I would like done to sort this out:</strong></td>
<td>(Please tell us what you think would resolve the problem for you)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signed:</strong></th>
<th><strong>Date:</strong></th>
</tr>
</thead>
</table>

Not enough room to say everything you want? Please write on the back of this form. Send this to: Executive Officer PO Box 4303 Penrith Plaza 2750 or deliver to WACH at Level 2, 148 Henry Street, Penrith 2750.
### Key Worker's Monthly Summary

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>SOCIAL</th>
<th>VOCATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of all medical appointments, requests, procedures and outcomes, physical and mental health status.</td>
<td>Summary of family/friend contact, visits/phone calls, special events.</td>
<td>Summary/overview of CBA attendance/participation, update of timetable</td>
</tr>
</tbody>
</table>

Please write a brief summary of progress notes over the last month.

List all incident report forms.

---

*The Richmond Fellowship of NSW - Key Worker's Monthly Summary*
**Individual Planning Checklist**
*(to be used in conjunction with RFNSW Policy 2.13 Attachment 4)*

Client: ____________________________
Moved into accommodation: ____________________________
IP due in 90 days. Expected date: ____________________________

Date 2 months prior: ____________________________

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation meeting</td>
<td></td>
</tr>
<tr>
<td>Make list of goals</td>
<td></td>
</tr>
<tr>
<td>Set the date for the IP meeting</td>
<td></td>
</tr>
<tr>
<td>Develop invitation list</td>
<td></td>
</tr>
<tr>
<td>Assist client to approach participants</td>
<td></td>
</tr>
<tr>
<td>Finalise date, time and venue</td>
<td></td>
</tr>
<tr>
<td>Arrange all necessary reports (deadline to be 2 weeks from now)</td>
<td></td>
</tr>
</tbody>
</table>

Date 6 weeks prior: ____________________________

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make a list of objectives</td>
<td></td>
</tr>
<tr>
<td>Prioritise this</td>
<td></td>
</tr>
<tr>
<td>Develop the program</td>
<td></td>
</tr>
<tr>
<td>Identify resources and tasks needed</td>
<td></td>
</tr>
<tr>
<td>Advise SM of progress</td>
<td></td>
</tr>
</tbody>
</table>

Individual Planning Checklist Aug 04
The Richmond Fellowship of NSW – Rural
Date 2 weeks prior:

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarise progress notes</td>
<td></td>
</tr>
<tr>
<td>Prepare agenda</td>
<td></td>
</tr>
<tr>
<td>Fill new sheets in IP file</td>
<td></td>
</tr>
<tr>
<td>Get BLANK master plan</td>
<td></td>
</tr>
<tr>
<td>Assist client to form refreshment menu</td>
<td></td>
</tr>
<tr>
<td>Assist client to contact participants and remind</td>
<td></td>
</tr>
<tr>
<td>Go over the agenda and explain to the client</td>
<td></td>
</tr>
<tr>
<td>Advise SM of progress</td>
<td></td>
</tr>
</tbody>
</table>

Date of day before IP:

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete any shopping or cooking</td>
<td></td>
</tr>
<tr>
<td>Make copies of agenda</td>
<td></td>
</tr>
<tr>
<td>Write up the Master plan</td>
<td></td>
</tr>
<tr>
<td>Last minute check on all paperwork</td>
<td></td>
</tr>
<tr>
<td>Check that you have a BLANK master plan sheet</td>
<td></td>
</tr>
</tbody>
</table>

Day of the IP: ____________________

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read through agenda with client</td>
<td></td>
</tr>
<tr>
<td>Assist client to prepare venue, chairs etc</td>
<td></td>
</tr>
<tr>
<td>Hold meeting and complete Master plan</td>
<td></td>
</tr>
<tr>
<td>ALL participants to sign Master plan</td>
<td></td>
</tr>
</tbody>
</table>

Individual Planning Checklist Aug 04
The Richmond Fellowship of NSW – Rural
New Horizons Enterprises Limited
Central Coast Branch
H.A.S.I. Program

PROGRESS NOTES

Surname ___________________ Other Names ___________________ D.O.B. _____/_____/______ Sex: M / F.

Address: ____________________________

Date _______ Shift: _______ RSWs: (1) _______ (2) _______

Support Start Time: ____________ Support Finish Time: ____________

<table>
<thead>
<tr>
<th>S.P. Issues raised</th>
<th>S.P. Goals supported</th>
<th>Follow up Required</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SIGN, DATE AND RECORD DESIGNATION FOR ALL ENTRIES

PRIORITY CODING - U - URGENT (TO BE DONE NEXT SHIFT), W - (TO BE DONE WITHIN A WEEK), M - (TO BE DONE WITHIN THE MONTH)

NEW HORIZONS CENTRAL COAST H.A.S.I. PROGRAM STATIONERY FORMS/PROGRESS NOTES/DRAFT 9/12/2014
<table>
<thead>
<tr>
<th>Objective 1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress to Date:</td>
<td></td>
</tr>
<tr>
<td>New Action/Services required:</td>
<td></td>
</tr>
<tr>
<td>Objective achieved:</td>
<td>□ Yes, fully □ Partly □ In Progress □ No, not at all</td>
</tr>
<tr>
<td>Impact on client:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 2:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress to Date:</td>
<td></td>
</tr>
<tr>
<td>New Action/Services required:</td>
<td></td>
</tr>
<tr>
<td>Objective achieved:</td>
<td>□ Yes, fully □ Partly □ In Progress □ No, not at all</td>
</tr>
<tr>
<td>Impact on client:</td>
<td></td>
</tr>
</tbody>
</table>
### Objective 3:

**Progress to Date:**

- 
- 
- 

**New Action/Services required:**

- 

**Objective achieved:**

- [ ] Yes, fully
- [ ] Partly
- [ ] In Progress
- [ ] No, not at all

**Impact on client:**

- 

### Objective 4:

**Progress to Date:**

- 
- 
- 

**New Action/Services required:**

- 

**Objective achieved:**

- [ ] Yes, fully
- [ ] Partly
- [ ] In Progress
- [ ] No, not at all

**Impact on client:**

- 

SIGNED: ________________________________

Date: ___/___/___
### New Horizons Enterprises Limited
#### Central Coast Branch
#### H.A.S.I. Program
#### CLIENT REVIEW

<table>
<thead>
<tr>
<th>DETAILS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Past mth review</td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>I.P. update</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus of support/</td>
<td></td>
</tr>
<tr>
<td>Current issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Priorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CLIENT NAME ___________________________  DATE: ____________
Appendix K: HASI Reports

**LOCAL HASI STATUS REPORT**

Each local accommodation support provider is required to prepare regular (usually bi-monthly) status reports on the progress of HASI locally.

These reports are usually referred to as Local HASI Status Report. The reports contain information collected by the local accommodation support provider, as well as some material provided by the other local HASI providers—the local mental health provider and local housing provider.

Information contained in the Status Reports should include:

- The names of the partnership agencies and specifically the local housing and mental health providers;

- The number of vacancies plus:
  - total number of HASI referrals received for the reporting period, including:
    + number of accepted referrals; and
    + number of rejected referrals.

- The number of accepted clients able to enter the Initiative:
  - number of accepted clients waiting to be housed;
  - number of accepted clients who reject an offer to join HASI;
  - number of accepted clients housed through the Initiative.

- The number of clients exiting the Initiative:
  - number deceased;
  - number of voluntary exits and the reasons for this;
  - number of exits where support services or tenancy or both were cancelled.

- The number and proportion of clients who have:
  - maintained their tenancies; and
  - lengths of tenancy; plus
  - discussion of any tenancy related issues such as:
    + factors that may be influencing the length of tenancy and where clients move to after exiting the Initiative; or
    + impacts of clients leaving before the lease expires, neighbour issues or damage to property issues.
The number and **nature of support service** provided:
- hours of support provided by the accommodation support providers;
- type and proportion of clients who are:
  - accessing mainstream services; and
  - not accessing mainstream services and the reasons for this.

An overview of **local partnership arrangements**, including the status of the:
- Local HASI Coordination Group;
- Local Client Review Panel; and
- Service Level Agreement.

Any significant **breaches** of written agreements and contracts between the client, accommodation support provider, mental health service and the housing provider, together with actions to address the breaches and any unresolved issues.

Details of any **complaints** received about clinical care, support or housing services, the steps required to resolve them and the outcome.

An **income and expenditure** statement with budget comparisons.

**Access and equity issues** that may have arisen; plus

**Discussion issues**, such as:
- operational issues which need to be discussed or resolved by the HASI Advisory Committee;
- service access issues particularly any difficulties with accessing and using community health and HACC services;
- challenges affecting clients such as barriers to client achieving set goals;
- client satisfaction and the degree to which clients feel they have progressed.

**NOTE:** It is proposed that a template of the above be prepared and distributed to all accommodation support providers to simply the preparation and submission of Status Reports.
New Horizons Performance Indicators Local September 2003

Program Description: To provide high and medium level accommodation support to 12 individuals with mental disorders

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities proposed</th>
<th>Performance Indicators</th>
<th>Evaluation</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater access and participation in the community for people with a mental health disorder.</td>
<td>Promote and increase client use of community resources. Individualised goal directed care plan. Development of community Partnerships.</td>
<td>1. Number of clients assessing community resources. 2. Number of clients not assessing community resources and the reasons why. 3. Number of visits to mainstream services per client. 4. Number of meetings with mainstream services. 5. Development of appropriate pathways to local organisations and facilities.</td>
<td>Access to community resources achieved as evidenced by goal achievement/non achievement as indicated in client ISP, progress notes and Community Access Form. Partnership meetings held and attended with outcomes leading to effective partnerships between services.</td>
<td>1. Currently 16 consumers are accessing community services. 2. No consumers are not accessing community resources. 3. The number of visits to mainstream services per consumer is variable and fluctuates in some incidences due to their mental health status, financial situations, accessibility and geographical location. On average each consumer visits mainstream services three times per day. Mainstream services are classified as Banks, shops, Medical/dental, Centrepink, Vocational/Recreational facilities, Church, Hospitality Facilities etc. 4. Number of meetings with mainstream services. Total 172. These include organisations such as Community Housing, Clubs recreational/ sporting, Volunteer referral Agencies, and Meals on Wheels, Banks, and shopping facilities. 5. Development of appropriate pathways. This is ongoing as increased services are being approached depending on the relevant need of each consumer. Meetings have been attended with clear pathways identified between services. Referral Register is set up.</td>
</tr>
<tr>
<td>Objectives</td>
<td>Activities proposed</td>
<td>Performance Indicators</td>
<td>Evaluation</td>
<td>Progress</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------</td>
<td>------------------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Meet the need of individual clients</td>
<td>Individual Assessment of client need.</td>
<td>1. All clients have an individual ISP that is reviewed 3 monthly initially followed by 6 monthly.</td>
<td>Clients care plan and ISP is reviewed at the placement</td>
<td>Currently we are reviewing original ISP’s and developing further goals and objectives where required. This is reviewed at each Placement Committee meeting and regular case reviews held with New Horizons, the consumer, Central Coast Health and an advocate/support person if requested.</td>
</tr>
<tr>
<td></td>
<td>Provide home based outreach services and ensure services are accessible to clients in their geographic location.</td>
<td>2. Number of visits per clients 3. Length of visit 4. Purpose of visit</td>
<td>Committee meeting. All clients to have a support contract. RSW activity reports are completed daily. Monitor and report on client intakes: admissions. Monitor all client discharges from the project. Monitor client housing status.</td>
<td>2. High Support Consumers average 4 to 7 visits per week. Medium Support average 3-5 visits per week.</td>
</tr>
<tr>
<td></td>
<td>Individualised goal directed care plan</td>
<td>5. Provision of outreach services will reduce the incidence of homelessness and provide greater stability of housing for children.</td>
<td></td>
<td>3. The length of visit is variable depending on the purpose on average a consumer on a high support level receives 4.8 hours face to face per day not including hours utilised for administration and travel hours.</td>
</tr>
<tr>
<td></td>
<td>Negotiate a support contract with each client</td>
<td>Support contract signed prior to services commencing. Client satisfaction surveys. Reduction in client admission to inpatient psychiatric units.</td>
<td></td>
<td>4. The purpose of visit is variable per consumer and dependent on each individual ISP progress. Examples are assisted daily living skills, social activity, ISP implementation, social interaction,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5. Security of Tenure for each consumer is evidenced. Support contracts are signed. Client satisfaction surveys are currently being developed. Reduction in admissions needs to be identified by CCH.</td>
</tr>
<tr>
<td>Objectives</td>
<td>Activities proposed</td>
<td>Performance Indicators</td>
<td>Evaluation</td>
<td>Progress</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Develop and participate in the partnership framework</td>
<td>Promote the principles of partnerships with other stakeholders</td>
<td>1. attendance at Placement committee meetings</td>
<td>Provision of monthly reports to Placement committee regarding progress. Reviewed and investigated.</td>
<td>To date 7 Placement Committee meetings have been held. Each meeting has been well attended by New Horizons, CCH, Consumer participation, DOH and other invited service providers that required additional information such as Morisset Hospital.</td>
</tr>
<tr>
<td></td>
<td>Develop clear understanding of stakeholder's roles and responsibilities and develop clear practice guidelines between Health, Housing and New Horizons.</td>
<td>2. Clear service agreements developed between partners regarding roles and responsibilities. Roles and responsibilities defined and disseminated via the placement committee.</td>
<td>Clinical review of clients To be conducted jointly. Issues between partners will be a standing agenda item for placement Committee. All incidents to be reported.</td>
<td>2. Clear Service Agreements have been developed.</td>
</tr>
</tbody>
</table>
References
