

**ACCOMMODATION**

**Date:**.....

**Worker:** .....

<b>Full Name:</b> ..... <b>Client Number:</b> .....
<b>Housing requirements</b> <input type="checkbox"/> Secure accommodation <input type="checkbox"/> Immediate emergency accommodation <input type="checkbox"/> Medium term accommodation <input type="checkbox"/> Contingency housing – safe housing from time to time <input type="checkbox"/> Support to develop independent living skills <input type="checkbox"/> Assistance to find long-term accommodation? <input type="checkbox"/> Application to Housing Tasmania for public rental accommodation
<b>Preferred area to live:</b> ..... <b>Reasons:</b> ..... ..... ..... <b>Proximity to transport:</b> .....
<b>Number of bedrooms required:</b> ..... <b>Required modifications:</b> ..... ..... ..... ..... .....
<b>Does the client have any pets which they wish to have with them in accommodation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No .....
<b>Has the client already had an experience of supported accommodation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, give details:</b> ..... .....
<b>Has the client ever refused an offer of supported accommodation/support from a housing association or other organisation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, why?:</b> ..... .....

Has the client ever been refused by a SHS service?  Yes  No

If yes, why?: .....

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Has the client ever been evicted from supported accommodation?  Yes  No

If yes, give details including organisation which evicted and reasons for eviction: .....

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Has the client considered any other options?  Yes  No

If yes, give details and any progress with exploring these options: .....

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Has the client applied for a Housing Tasmania property?  Yes  No

Has the client been told by Housing Tasmania what is happening with the application?  Yes  No

If yes, give details: .....

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When did the client last talk about the application with Housing Tasmania?

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Has the client been a previous tenant of Housing Tasmania?  Yes  No

If yes, what was the address of the property?:

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What year/s did the client live at this address?: .....

Who signed the lease? .....

Does the client or any member of the proposed household have an interest in any property or land?

Yes  No

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## HEALTH

**Physical health issues:**

Does the client have a diagnosed illness?  Yes  No

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**Mental, emotional or behavioural health issues:** .....

Does the client have a diagnosed illness?  Yes  No

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Does the client have existing support?  Yes  No

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Does the client have a GP?  Yes  No

If yes, please give:

Name: .....

Address: ..... Suburb: ..... State: ..... P/Code: .....

Phone: ..... Email: .....

Does the client have a support worker / agency?  Yes  No

If yes, please give:

Name: .....

Address: ..... Suburb: ..... State: ..... P/Code: .....

Phone: ..... Email: .....

Is client attending a specialised clinic?  Yes  No

If yes, please give:

Name: .....

Address: ..... Suburb: ..... State: ..... P/Code: .....

Phone: ..... Email: .....

**Medication**

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Is the client on a methadone program?  Yes  No

Is the client involved in any other form of drug reduction?  Yes  No

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Does the client have any substance abuse issues?  Yes  No

If yes, please explain:

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Is current housing situation affecting health?  Yes  No

If yes, please explain:

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Disability?  Yes  No

If yes, what is the impact on housing needs?

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**PERSONAL, EMOTIONAL & SOCIAL SUPPORT**

**Social Supports**

<p><b>Important relationships</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Recreational/social activities:</b></p> <p>Recreational: .....</p> <p>.....</p> <p>Social: .....</p> <p>.....</p> <p>Service links: .....</p> <p>.....</p>
<p><b>People seen as supportive:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>School or employment connections:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Links with particular local area:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Other support services:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

### Personal & Emotional Support

Does the client need support with any of the following?

- Being able to think about problems and consider possible solutions: .....
- .....
- Dealing with conflict: .....
- .....
- Managing anger : .....
- .....
- Grief: .....
- .....
- Safety issues: .....
- .....
- Other: .....
- .....

## Living Skills

**Is support required to further develop skills for independent living?**

- Personal hygiene: .....
- Communication skills: .....
- Budgeting/banking/bill management: .....
- Shopping: .....
- Domestic tasks – cleaning, laundry etc: .....
- Nutrition, cooking: .....

**Is support with parenting required?**    Yes    No

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**Is there anything else the client would like us to know about them (abilities and strengths?)**

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## FINANCIAL

**Primary Source of Income**

- No income
- Registered/awaiting benefit

**Government Payments**

- Newstart allowance
- Youth allowance –independent at home
- Youth allowance –independent not at home
- Youth allowance –dependent at home
- Youth allowance –dependent not at home
- Austudy for students 25 years of age and over
- Community development
- Employment program
- Austudy/abstudy (standard rate)
- Austudy/abstudy (independent rate)
- Austudy/abstudy (homeless rate)
- Disability support pension
- Age pension
- Parenting payment (sole parent pension)
- Special benefit
- Sickness allowance
- Partner allowance
- DVA support pension
- DVA disability pension
- Any other benefit or pension

**Is the client currently on a breach with Centrelink?**

- Yes  No

**If yes, when does this end?** .....

**Any other financial assets:**

- Savings
- Shares
- Investments
- Lump sum payment
- Other

**Date of next payment:** .....

**Amount:** .....

**What supplementary government payments does the client receive ?**

- No payments
- Family payment
- DSS rent assistance (Commonwealth)
- Mortgage/rent relief (State)
- Proposed Crisis Payment (Commonwealth)
- Other

**Other Income**

- Workcover/compensation
- Maintenance/child support
- Wages/salary/own business
- Spouse/partner's income
- Other: .....

**Debts:**

- Aurora: \$ .....
- Housing debt: \$ .....
- Centrelink loan \$ .....
- Phone: .....
- Hire purchase: \$ .....
- Outstanding fines \$ .....
- Personal debts \$ .....

**Does the client have a debt repayment plan?**

- Yes  No

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**Support needs:**

- Assistance needed in managing money:
- Budgeting
- Direct debit rent payment
- Saving



**LEGAL**

Does the client have any outstanding legal issues?     Yes     No

If yes, please explain: .....  
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Is support required on any legal processes?                     Yes     No

Protection or guardianship order : .....  
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Intervention/protection or restraining order: .....  
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Youth justice: .....  
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Immigration: .....  
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Police: .....  
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General disputes – mediation, housing review, grievance re SAAP service: .....  
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Ombudsman: .....  
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Tenant Union: .....  
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Court Assistance: .....  
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Legal Aid: .....  
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Has the client ever been in trouble with the police?  Yes  No

If yes, how long ago?

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Nature of involvement

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Are there any charges pending?  Yes  No

Are there any outstanding fines?  Yes  No

Is there a supervision order in place?  Yes  No

Has the client been convicted?  Yes  No

if yes, nature of crime for which convicted: .....

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## CHILD ASSESSMENT

<p><b>Child's name:</b> .....</p> <p><b>Date of Birth:</b> ..... <b>Age:</b> .....</p> <p><b>Gender:</b> .....</p>	<p><b>Siblings:</b></p> <p><b>Name:</b> ..... <b>Age:</b> .....</p> <p><b>Name:</b> ..... <b>Age:</b> .....</p> <p><b>Name:</b> ..... <b>Age:</b> .....</p>
<p><b>Parenting arrangements:</b></p> <p>.....</p> <p>.....</p>	
<p><b>What does the child particularly enjoy?</b> .....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><b>What is the child's understanding of what is currently happening?</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><b>How is the child responding to what has been happening recently?</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><b>Do the child's parent/s have any particular concerns about their child at the moment?</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><b>Worker's observation of the child</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	

## CHILD HEALTH

**Physical health issues:**

Does the child have a diagnosed illness?  Yes  No

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.....  
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**Mental, emotional or behavioural health issues:**

Does the child have a diagnosed illness?  Yes  No

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Does the child have existing support?  Yes  No

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Does the child have a GP?  Yes  No

If yes, please give:

Name: .....

Address: ..... Suburb: ..... State: ..... P/Code: .....

Phone: ..... Email: .....

Does the child have a support worker / agency?  Yes  No

If yes, please give:

Name: .....

Address: ..... Suburb: ..... State: ..... P/Code: .....

Phone: ..... Email: .....

Is child attending a specialised clinic?  Yes  No

If yes, please give:

Name: .....

Address: ..... Suburb: ..... State: ..... P/Code: .....

Phone: ..... Email: .....

**Medication**

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Does the child have any substance abuse issues?  Yes  No

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Is current housing situation affecting health?  Yes  No

If yes, please explain

.....  
.....  
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Disability?  Yes  No

If yes, what is the impact on housing needs?

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## CHILD PERSONAL & EMOTIONAL SUPPORT

Has the child had any experiences we need to know about to help us understand her/him?

Yes  No

If yes, please explain:

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Is personal &/or emotional support required?  Yes  No

If yes, please give details: .....

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## SOCIAL SUPPORTS

**Important relationships**

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**Leisure activities:**

Recreational: .....

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Social: .....

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Other interests: .....

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**People seen as supportive:**

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**Other support services:**

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Is social support required?  Yes  No

If yes, please give details: .....

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## CHILD CARE

<b>Does the child attend a child care centre, family day care etc?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is support required to arrange child care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:  Name of centre/program: .....	Preferred child care arrangements: .....
..... Address: .....	.....
..... Phone: .....	.....
Contact person: .....	.....

## EDUCATION

<b>Preschool or school:</b> .....
<b>Address:</b> .....
<b>Phone:</b> .....
<b>Contact person:</b> .....
<b>Is additional educational support required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please give details:</b> .....
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.....
<b>Has the child's schooling been disrupted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>if yes, in what way?:</b> .....
.....
<b>How has the child reacted?:</b> .....
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### CHILD LEGAL

<p><b>Are there any legal orders in place?</b></p> <p><input type="checkbox"/> <b>Residence Orders - with whom the child lives</b></p> <p><b>Details:</b> .....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> <b>Contact Orders - with whom the child will have contact:</b></p> <p><b>Details:</b> .....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> <b>Care and Protection Orders</b></p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/> <b>Specific Issues Orders - an order about any other aspect of parental responsibility.</b></p> <p><b>Details:</b> .....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> <b>Child Support Scheme.</b></p> <p><b>Details:</b> .....</p> <p>.....</p> <p>.....</p>
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**Is support with legal procedures required?**     Yes     No

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**Have there been any threats to the child and/or has the child been exposed to any violence?**

Yes     No

**If yes, please explain:** .....

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**Is there a worker from the Department of Health and Human Services, Child and Family Services involved?**     Yes     No

**If yes, please give name and contact details:** .....

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