

Expression of interest in lodging accommodation

This form is for community service agencies and / or workers to use to refer their clients to Foundation Housing for accommodation. Support workers should complete this form, which also requests support plan details and submit it to Foundation Housing who will make contact as soon as possible.

Individuals needing accommodation who are not attending or linked in with any community support service agencies are welcome to apply directly to Foundation Housing for lodging accommodation and should contact Foundation Housing to arrange an expression of interest interview with our staff. If you are attending a service please ask them to refer you.

About Lodging Accommodation

Lodging provides single people on a low income with ongoing accommodation in a furnished room with shared access to communal facilities including a bathroom and kitchen. Many of our lodges have additional shared facilities such as common rooms and outdoor areas.

Lodging is suitable for single people aged 24 years or older who need a convenient and affordable housing as they have limited income, savings or assets. Foundation Housing is a not for profit community housing provider that offers residents a room at a subsidised rate that is based on your income.

Lodging is not generally suitable for people requiring crisis accommodation.

All residents are assessed by our staff prior to entry to our lodging houses so that we understand their needs and preferences, and develop a plan for them to transition through lodging accommodation so that they will succeed in their residency with us.

Individuals who are working in partnership with a support agency to address personal issues that have affected their ability to maintain stable accommodation in the past may find the supportive environment of Foundation Housing lodging a good environment to live in as they work towards recovery and independence.

It is important that individuals considering Foundation Housing Lodging Accommodation understand that it involves living as part of a community and that they will be sharing some facilities and be expected to observe house rules which include respecting staff and other residents at all times.

Submit completed forms via email to lodging@foundationhousing.org.au

Why are you asking for so much information before accommodation is even offered?

Foundation Housing aims to accommodate people in need as soon as possible.

Our EOI form helps us to gather all the information we will require from people prior to them being accepted for lodging, in one document. It also helps individuals avoid being asked the same questions by different people or having to attend multiple interviews to complete the process.

Should this expression of interest not be accepted, Foundation Housing will ensure confidential disposal of this form. Foundation Housing has a comprehensive Privacy Statement which is available from our website foundationhousing.org.au/lodging-residents/info-sheets/policies and the Department of Human Services website humanservices.gov.au and at all of our offices. It can also be requested from our staff.

Eligibility checklist

To be eligible you must:

- Agree to commit to the conditions of Foundation Housing lodging.
- Have a regular source of income e.g. Centrelink payment, wages, which must not exceed \$1900 per fortnight.
- Not own property or have your name on any titles
- Reside in Western Australia at the time of application and allocation.
- Be aged 24 years or over.

Does the client understand what a lodging house is and know what kind of living conditions to expect? Yes

Does the client understand they are not obliged to provide any information requested of them, but failure to do so may compromise the ability to assess eligibility or suitably accommodate them. Yes

OR

They are unsure and would like to discuss further with Foundation Housing staff. Yes

Part 1

Referral type

Name of referring organisation _____

Name _____

Position _____

Phone _____

Email _____

Date _____

Supporting Document Checklist:

- Photo ID
- CCER complete & signed (page 4)
- Signed Multiple Consent Authority form (page 7) or Income Statement
- Support plan (if required)

Client details

First Name _____ Surname _____

Date of Birth _____ Gender _____

Contact Details

Daytime phone _____ Mobile _____

Other contact _____

Email _____

Current Address _____

Next of kin or emergency contact

First Name _____ Surname _____

Relationship _____

Telephone _____ Mobile Phone _____

Email _____

Additional information

Aboriginal or Torres Strait Islander? Yes No

Country of birth? _____

Is English a second language? Yes No

Interpreter required? Yes No

If yes, what language? _____

Can the client read and write English? Yes No

Does the client own a car? Yes No

Does the client own a registered car that will require parking? Yes No

Support

Foundation Housing works with support providers to offer people with disabilities and special needs the best opportunity to be successfully accommodated.

Does the client have any disability, illness or special need that may affect their accommodation needs?

Yes No

If so, please detail _____

Is the client currently working with a support service (e.g. GP, mental health organisation, alcohol and other drugs supports, caseworker, counsellor, Public Trustee)? Yes No

If yes, please state _____

Housing history

Has the client previously lived in lodging / shared / boarding accommodation? Yes No

If yes, how did they manage in this type of accommodation? _____

If yes, why did they leave? _____

Has the client ever previously been a Foundation Housing resident or tenant? Yes No

If yes, why did they leave? _____

Current accommodation

Address _____

Type of accommodation _____

How long have you lived here? _____

Reason for wanting to leave _____

List the previous 3 places that the client has lived, starting from the most recent.

1	2	3
Address _____ _____ _____	Address _____ _____ _____	Address _____ _____ _____
Type of accommodation _____ _____	Type of accommodation _____ _____	Type of accommodation _____ _____
Length of stay _____	Length of stay _____	Length of stay _____
Reason for leaving _____ _____	Reason for leaving _____ _____	Reason for leaving _____ _____

Is there anyone we can speak with to fully understand the client's accommodation history and what issues they may have experienced in the past?

If so please provide a name and contact number for this person _____

To stay in a lodge the client must be able to live independently and also be willing to share some spaces with other residents of the lodge. This means being able to keep their room and communal areas like kitchens clean and tidy while also being able to care for themselves by preparing their own meals, doing their own cleaning and laundry and managing their own finances.

Is the client confident with the following?

- Room inspection processYes No Not disclosed
- Understanding safety procedures and emergency responses
(Fire alarms/evacuations).....Yes No Not disclosed
- Cleaning and washing (Room and shared areas/bedding and clothing).....Yes No Not disclosed
- Personal Hygiene (Showering/using communal bathrooms).....Yes No Not disclosed
- Meal preparation and clean-up using a communal kitchen.....Yes No Not disclosed
- Respecting rules about visitors.....Yes No Not disclosed
- Budget management/Debt repayment.....Yes No Not disclosed

Are there any concerns or comments about the client being able to live independently and communally (e.g. mental health issues)? Lodging house residents are required to respect other people at the lodge and contribute to a safe environment for all.

Income Details

Proof of income is required to assess eligibility. Resident's income must not exceed \$1900 per fortnight.

Income Type (ie Wages, New Start, Pension etc) _____

Benefit / Wages (amount) \$ _____ **Next payment due** _____

Proof of income provided (last 4 payslips or Income Statement) **Yes** **No**

Multiple Consent Form signed **Yes** **No** (See page 10)

Does the client anticipate any financial changes occurring in the next 3 months? _____

Does the client have difficulty reporting to Centrelink and or their job network? _____

Is the client a Public Trustee? _____ If yes, TM # _____

Contact number _____

Does the client have a Guardian who acts on their behalf? **Yes** **No**

If yes, name _____

Contact number _____

Health and Wellbeing

The client does not have to answer these questions, however, providing this information helps us place them in the accommodation most suitable for their needs.

Are there any health issues which impact where the client lives that we should be aware of (e.g. can't use stairs due to limited mobility)? **Yes** **No** **Not disclosed**

If yes, please detail _____

Mental health

Has the client been diagnosed with a mental illness? Yes No Not disclosed

If yes, please tick which conditions they experience.

- | | | |
|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Post-traumatic stress disorder |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ADHA | <input type="checkbox"/> Self-harm | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Learning disorder | <input type="checkbox"/> Bipolar | <input type="checkbox"/> Other _____ |

Does the client take medication to manage their mental health? _____

If yes, are there any side effects we need to be aware of? _____

Has their mental health caused them to be hospitalised in the past? _____

If their mental health is an ongoing issue, is there anything we need to be aware of (e.g. triggers or signals they are unwell)? _____

Physical health

Has the client been diagnosed with any physical health problems? Yes No Not disclosed

If yes, please tick which issues affect them:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Heart disease/ Stroke | <input type="checkbox"/> Mobility issues | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cancer | <input type="checkbox"/> Other _____ |

Are there any treatment plans in place? _____

Does the client take medication to manage their physical health? _____

If yes, are any side effects we need to be aware of? _____

Has the client's physical health caused them to be hospitalised in the past? _____

If yes, and it's an ongoing issue, is there anything we need to be aware of? _____

Drug and alcohol use

Has the client used any of the following in the last year? Yes No Not disclosed

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Amphetamines (specify) _____ | |
| <input type="checkbox"/> Synthetic Cannabis | <input type="checkbox"/> Pharmaceuticals (specify) _____ | |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Steroids | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Other _____ |

When did they last use and why? _____

How often do they use? _____

How much do they use? _____

Has the client's use caused problems for them with interacting with other people or breaking the law? _____

If yes, do they plan to manage it going forward? _____

Legal Issues

Does the client have any pending court cases, restraining orders or convictions relating to assaults or violence? Yes No Not disclosed

If yes, please detail _____

Are there any current supervision orders? Yes No Not disclosed

If yes, who is the case manager and which office is managing it? _____

Has the client been convicted of any offences in the past five years? Yes No Not disclosed

If yes, please detail _____

How well does the client feel they manage conflict with other people? _____

Who does the client feel closely supported by? _____

What type of support does the client feel they receive from them? _____

Is the client receiving support to manage any of the areas ticked 'yes' in the above sections?

Yes No Not disclosed

If yes, please detail _____

Support plan

Please provide a support plan to assist in sustaining the applicant's accommodation.

A comprehensive plan prepared by us is attached. Yes

Please complete every field.

Support Agency	Support worker name	Support worker contact	Support need/ area client being supported with (e.g. Alcohol Other Drugs, mental health, temporary physical ailment, long term illness management)	Type of support provided/ required
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency of support (e.g. weekly every Tuesday, fortnightly, monthly, first Wednesday of month)	Duration of support	Objective of support	Potential consequence if support not provided or if not adhered to (Behaviour displayed by client)	Who is responsible for initiating support contact (client or support worker?)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional information

Providing Foundation Housing consent to collect, exchange and release information

I _____ authorise Foundation Housing Limited to

[please print your full name]

request and obtain my personal information from the agencies named below and/or exchange my personal information with and between the agencies named below in order for Foundation Housing to assess my eligibility for accommodation and to provide assistance and support to sustain my accommodation.

Agency /Person	Consent Granted	Name of person/caseworker, Agency and contact numbers
Emergency contact		
Other Lodging houses and refuges		
Public trustees		
Support agency		
Accommodation Service/ Department of Communities		
Mental health service		
Doctor		
Centrelink		
Other		
Other		

(Client to initial the consent granted box for the appropriate service)

I understand that my consent will continue until I advise Foundation Housing in writing or verbally that I withdraw my consent.

Signed _____ Date/...../.....



Income Confirmation Consent Form

This form is to give us permission to deal directly with Centrelink about your rent. This allows us to download your Centrelink statement so we can work out how much rent to charge you.

Further information about Centrelink deduction and confirmation services is available from the Department of Human Services website humanservices.gov.au and our website foundationhousing.org.au/tenants/info-sheets-policies/, at all of our offices and can also be requested from our staff.

Name in full _____

CRN _____ **Date of birth** _____

Address _____

I give permission for:

- Foundation Housing to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Foundation Housing.

I understand that:

- the department will disclose personal information to Foundation Housing including my name, payment type, payment status, one off payments, income, assets, deductions, shared care arrangements, partner status and Youth Allowance Independent Rate to confirm my eligibility for community housing and to set my rent
- this consent, which is ongoing, remains valid while I am a customer of Foundation Housing unless I withdraw it by contacting Foundation Housing or the department
- Foundation Housing will maintain a record of my consent for a minimum of two years from the date I cease to be a customer of the business
- I can get proof of my circumstances/details from the department and provide it to Foundation Housing so that my eligibility for community housing and my rent amount can be determined; and
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the residential accommodation provided by Foundation Housing.

For more information visit humanservices.gov.au or call Foundation Housing if you do not have access to the internet.

Customer Signature _____ Date/...../.....