

REFERRAL CRITERIA CHECKLIST

IMPORTANT: All Criteria below **MUST** be met and **VERIFIED** prior to referring, otherwise referral **WILL NOT BE** accepted

The client being referred must,

- have NO current tenancy court proceedings in place
- are about to sign or just signed a new lease or 4-6 weeks into a new lease, either in *(if unsure please call to discuss)*
 - Private
 - Community Housing
 - Dept of Housing *(please call to discuss prior to referral)*
- have a history of homelessness
- requires practical skills to maintain tenancy
- have given consent to be referred & signed the referral form *(if it was a verbal consent, this will require verification)*

Date of referral: __ | __ | __ Referrer name: _____

Referrer agency: _____ Referrer contact No.: _____

Parallel work requiring 'liaison protocols' Yes No

DETAILS OF THE PERSON BEING REFERRED

First name: _____ Surname: _____ Date of Birth: __ | __ | __

Current Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Aboriginal or Torres Strait Islander Yes No Sex/Gender: _____ *People with diverse gender are welcome here.*

INCOME

Source of Income: _____ Type: _____ CRN _____

Rent / Board amount (weekly) _____ Centrepay: Rent - Yes No | Utilities - Yes No

DETAILS OF THE PROPERTY AGENT/ OWNER

Name: _____ Agency: _____

Address _____ Tel: _____

Email: _____

OTHER AGENCIES INVOLVED

Name:	Name:
Tel:	Tel:
Frequency of contact:	Frequency of contact:

TENANCY SUPPORT REQUESTED

Issue(s) requiring support	
➤	➤
➤	➤
➤	➤

X _____ X _____

Referrer's signature

Referee's signature & consent to be referred