Birribee Housing Specialist Homelessness Services Intake & Referral Form

Referral Details			
Referral date:	Contact number:		
Name of person making referral:			
Referring agency:			
Email address:	Referral sent via:	☐ Email	☐ In Person
Client Details			
Title		DOB	
Name			
Surname			
Preferred name	Sex	☐ Male	☐ Female
Contact Number			
Email Address			
Do you identify as Aboriginal or Torres Strait Islander	☐ Yes ☐ No		
☐ Torres Strait Islander	☐ Aboriginal		
Living Situation			
Current Address			
Suburb		Postcode	
Do you have a safe place to stay tonight	☐ Yes ☐ No		
How long can you remain where you are currently staying			
Do you have a history of Homelessness	☐ Yes ☐ No		
Do you have a partner	☐ Yes ☐ No	Contact No	
Partners Name			
Additional contact person -	Name		

In case of emergency details, this can be your support person or extended family member	Number
	Relationship to client
Transport Details	
Does the client have access to transport or vehicle	
Car child seat required	☐ Yes ☐ No
Housing Details	
Does the client or partner have a current application lodged with Homes NSW?	
Homes NSW T – File number	
Homes NSW Application number	
Does the client or partner have a debt with Birribee Housing, Homes NSW or any other landlord in NSW?	☐ Yes ☐ No
How much is the debt? Is there a payment plan in place? Has it been adhered to?	☐ Yes ☐ No *Please provide additional information:*
Is anyone within the household listed on TICA?	☐ Yes ☐ No
If unsure, you can request Birribee Housing review with your consent	If yes, please advise amount and names
Income Details	
Centrelink Reference Number (CRN)	
Payment Type	
Main source of income	☐ Centrelink Payment ☐ Wages ☐ Other (Provide below)
If yes to Centrelink, please provide name of benefit received (attach copy income statement or wage summary to clients file)	☐ Yes ☐ No *Centrelink Income Statement or Payslips provided*

Any other family or household member receiving wage or Government Payments	☐ Yes ☐ No
Do you verbal consent to Birribee SHS contacting Centrelink to gain evidence of income payments	☐ Yes ☐ No

Children or Dependants Details

Accompanying Children					
Childs Name		DOB	Age	☐ M	☐ F
Aboriginal ☐	☐ Torres Strait Islander	Enrolled in Daycare/Preschool/School		☐ Yes	☐ No
Name of school		Contact Name Phone Number			

Accompanying Children					
Childs Name		DOB	Age	☐ M	☐ F
Aboriginal ☐	☐ Torres Strait Islander	Enrolled in Daycare/Preschool/School		☐ Yes	☐ No
Name of school		Contact Name Phone Number			

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Additional Information

Reason for Referral

Housing

Family Dynamics and Domestic Violence

Substance Abuse

Diagnosed Disability / Medical Issue

Legal Issues or Bail Conditions – Please provide a copy of any Bail conditions and include Parole Officer contact information
Financial Position or Hardship

Additional factors impacting and not mentioned above

Client Consent and Identification	
Privacy Statement – The referring agency must receive consent to send the information contained in this referral document to Birribee Housing.	
Has the client's verbal consent been obtained	☐ Yes ☐ No
Date of Consent	
100 Points of ID supplied	☐ Yes ☐ No

Birribee Internal Use Only			
Referral accepted		Yes ☐	No ☐
Identification Documents	☐ Birth Certificate	☐ Bank Card	☐ Drivers Licence
	☐ Medicare Card	☐ Health care card	☐ Other
If declined, please advise reason			
Sent for Allocation	Date:	Sign	