



This form is to be used when referring clients to Compass Housing Services Co (Queensland) Ltd (Compass) Community Housing Programs under the One Social Housing Register of the Department of Housing and Public Works (the Department).

Please return using one of the following methods:

Email: adminqld@compasshousing.org ; Fax: (07) 3891 6211; Mail: PO Box 8251, Woolloongabba, Qld 4102

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<u>Household Members</u>	<u>Relationship</u>	<u>Gender</u>	<u>DOB</u>	<u>CRN</u>
	<i>Applicant</i>			

**For additional household members please continue on a separate sheet*

Applicant phone number				
Applicant email				
Pets*	Yes or No <i>(please circle)</i>	Animal & breed:	Approx weight:	

**Please note pets will require approval prior to any allocation*

2 Cultural Background

Please tick If any members of the household identify as the following:

Aboriginal

Torres-Strait Islander

South Sea Islander

Non-English Speaking Background

Country of Birth _____



(If ticked please state applicant's first language)

Language		Interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3 Department of Housing Register

Is the applicant currently listed as Very High or High Need on the Department of Housing Register?
Yes or NO (Please circle one)

Application Reference Number

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PLEASE ATTACH DEPT OF HOUSING RENTAL ASSISTANCE CONFIRMATION
Please note that referrals received without this document will NOT be considered for Social Housing with Compass

4 Income Details

Please list the independent incomes received in Queensland by household members (if there are more than three incomes in the household please continue on a separate sheet):

Applicant

CENTRELINK PAYMENT (please state)									
	\$ PER FORTNIGHT	\$							
WAGES (circle one)	FULL TIME	PART TIME	CASUAL						
	\$ PER FORTNIGHT-GROSS	\$							
INCOME OTHER (please state)	\$ PER FORTNIGHT-GROSS	\$							

Second household member's income

CENTRELINK PAYMENT (please state)									
	\$ PER FORTNIGHT	\$							
WAGES (circle one)	FULL TIME	PART TIME	CASUAL						
	\$ PER FORTNIGHT-GROSS	\$							
INCOME OTHER (please state)	\$ PER FORTNIGHT-GROSS	\$							

Third household member's income

CENTRELINK PAYMENT (Please state)									
	\$ PER FORTNIGHT	\$							
WAGES (Circle one)	FULL TIME	PART TIME	CASUAL						



	\$ PER FORTNIGHT-GROSS	\$							
INCOME OTHER (Please state)	\$ PER FORTNIGHT-GROSS	\$							

Additional relevant information

PLEASE ATTACH (FOR EACH ADULT) CENTRELINK INCOME STATEMENT/COMPASS CENTRELINK CONFIRMATION CONSENT FORM/SIX WEEKS OF WAGE SLIPS

***Please note that at least one of these three items must be attached for referral to be accepted**

5 Current Accommodation and Tenancy History

Street address <i>(please state if no fixed abode)</i>			
Suburb			
Postcode		State	QLD
Number of bedrooms <i>(Property)</i>		Number of bedrooms <i>(Available to household)</i>	
Current rent paid <i>(Per week)</i>	\$	Date required to exit*	

*Please supply any evidence of required exit date, e.g. copy of Notice to Leave or Program End Date

Please tick all of the following which apply for current property type:

Type of Tenure

Physical Attributes

- | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| Private rental | <input type="checkbox"/> | Ground floor/single level | <input type="checkbox"/> |
| Own home | <input type="checkbox"/> | Detached | <input type="checkbox"/> |
| Community organisation | <input type="checkbox"/> | Unit | <input type="checkbox"/> |
| Public housing | <input type="checkbox"/> | Townhouse | <input type="checkbox"/> |
| Boarding house/hostel | <input type="checkbox"/> | Disability adapted | <input type="checkbox"/> |
| Crisis/supported accommodation | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Staying with friends/family | <input type="checkbox"/> | _____ | |
| Car | <input type="checkbox"/> | | |
| Streets | <input type="checkbox"/> | | |



- Hospital
- Prison
- Other institution

Please list client's accommodation history for the last five years

(Please use an additional sheet if required)

Street address <i>(please state if no fixed abode)</i>					
Suburb					
Postcode			State		
Type of tenure		Length of stay		Months	Years

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Suburb					
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Suburb					
Postcode			State		
Type of tenure		Length of stay		Months	Years

Street address <i>(please state if no fixed abode)</i>					
Suburb					
Postcode			State		
Type of tenure		Length of stay		Months	Years

Additional relevant information

6 Impacts of Current Housing Situation

- 6a** Is the applicant experiencing physical problems with using or accessing current accommodation?
E.g. problems handling stairs (please circle) - Yes or No (If Yes please describe issue)

- 6b** Are there any medical issues which are affected by the applicant's current housing situation? – Yes or No
(If Yes please describe and attach relevant evidence from Doctors or other Medical Consultants)

- 6c** Are there any drug or alcohol issues? – Yes or No
(If Yes please provide details)



6d Does the client have any other debts that might impact on their ability to pay rent? – Yes or No
(If Yes please give details)

If the client is a parolee, do they have any parole conditions or legal orders that could affect where they live? – Yes or NO (If Yes please give details)

Is their current housing below tolerable standard or lacking any basic facilities? – Yes or No
(if Yes please describe)



Is the applicant experiencing any issues of discrimination or harassment in their current housing?

– Yes or No (if Yes please describe)

Is the client suffering threats or physical violence in their current housing?

– Yes or No (if Yes please describe)

Is the client currently escaping or experiencing domestic violence? Yes or No

If there is any other information relating to this referral, please attach a support letter



Property Matching

Please list any suburbs containing essential services to the client (e.g. school, family, employment, medical, support, community)

Please list any suburbs/regions or locations which would be unsafe/unsuitable to house the client in.

Please state reasons for safety/suitability issue:

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Is there a current support arrangement in place for the client? – Yes or No

(if Yes please state which organisation and the name and contact details of the Support Worker)

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Would the client require on-going support to sustain a tenancy – Yes or No

(If Yes please indicate what type of support)

Checklist and Signatures

Please tick boxes to indicate you have attached the following MANDATORY items have been attached to this referral:

- Support letter/s
- Compass Housing Centrelink Consent Form/Centrelink Income Statement or
a copy of last 6 weeks' wage slips
- DOC Rental Assistance Confirmation
- DOC Letter/Number

Please tick boxes to indicate which supporting evidence items have been attached:

- Copy of RTA Form 12 Notice to Leave
- Copy of QCATT Notice of Hearing
- Copy of QCATT Result of Hearing
- Medical support documents
- Other relevant support documentation

Referring organisation		
Contact email & phone no		
Referring officer's signature		
Please print name		
Client's signature		
Date of referral		

Please note that referrals will only be kept for 3 months unless the referring organisation confirms that the client still requires housing assistance.



I,

of

give permission for Compass to provide information to the following person/s and/or services listed below. I understand that it is necessary for Compass to exchange information in order to provide me with accommodation and/or effectively support me to sustain my tenancy. This information will only be accessible by Compass and the person/s and/or services listed below. I understand that in accordance with the Information Privacy Act 2009 (Qld) the information disclosed will not be used for any other purpose other than that which is described above.

- | | |
|--|-------------------------------------|
| The Department of Housing & Public Works | <input checked="" type="checkbox"/> |
| The Department of Communities | <input checked="" type="checkbox"/> |
| The Department of Human Services (Centrelink) | <input checked="" type="checkbox"/> |
| Direct Connect | <input type="checkbox"/> |
| Micah Projects | <input type="checkbox"/> |
| Transitional Housing Team (Qld Mental Health) | <input type="checkbox"/> |
| Hart 4000 | <input type="checkbox"/> |
| Personal Health Practitioner (GP, OT, psychologist, etc) | <input type="checkbox"/> |
| Other: | |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |



Authorisation form

Multiple consent and authority

Name _____ CRN _____

Date of birth _____ Address _____

You must clearly indicate each service you wish for this customer consent to be applied. Please circle and/or delete as appropriate.

1. Electronic Verification of Rent (EVoR)	I give my consent to Compass to provide my current and future accommodation information to the Department for the reassessment of my eligibility for Commonwealth Rent Assistance.	Yes/No
2. Income Confirmation	I give my consent to the Department to electronically provide a statement of information to Compass to assist in the assessment of my entitlement of services from Compass. Information provided by the Department may include, where relevant, current or historical details of payments received, dependants, deductions, income, assets and confirmation of my current address.	Yes/No
3. Centrepay	I give my consent to Compass to advise the Department: <ul style="list-style-type: none"> • to change my existing Centrepay deduction, target amount or suspend the nominated deduction from time to time to ensure my housing payments are met, and • of my correct account or billing number if required. I give my consent to the Department to: <ul style="list-style-type: none"> • provide information for the purpose of reconciling my payment deduction details. 	Yes/No

I understand that this consent, once signed, is effective for the service/s indicated, and only for the period that I am a customer of Compass.

I also understand, that this consent which is ongoing, may be revoked by me, at any time, by giving notice in writing to Compass.

I understand that I can withdraw my consent for all indicated service/s by contacting Compass.

I understand that every time that Compass provides information to the Department for EVoR and/or Centrepay, I will be advised.

Signature _____

I understand that Compass will maintain a record of my consent for 5 years.

I understand that if I withdraw part or all of this consent in relation to Electronic Verification of Rent that I will be responsible for notifying the Australian Government Department of Human Services of all future changes to my accommodation circumstances.

I understand that I will be able to obtain a written copy of the income statements the Department provides to my housing organisation at any time from either the Department or Compass.

Date _____