



For use by referring agencies, domiciliary/community nurses, occupational therapists, physiotherapists, social workers, psychologists or other support workers. Completion of this form will assist in the assessment of the client's application for housing assistance. The personal information provided in this form will be kept confidential and not be disclosed to any unauthorised person.

**Applicant's details**

Full name

Date of birth

 

Q1 Is there any information in this report which, if released to the applicant, might be prejudicial to his/her physical or mental health? Yes  No

If 'Yes', please identify the information and state why this should not be released to the client

Q2 How long has this person been under your care?

Please provide a brief description of the assistance/service you provide to the applicant.

Q3 Where is the applicant living now?

Q4 Have you seen the property where the applicant is living now? Yes  No

Q5 If 'Yes', when was the last time that you saw it?

Q6 How long has the applicant been living in the present housing?

Q7 Are you aware of any problems the applicant has with continuing to live in their current housing? Yes  No  **Note - if 'yes', please provide details below.**

Q8 In your opinion are the features of the current housing restricting this person from undertaking essential activities of daily living (self care - bathing, grooming, and mobility). Yes  No  **Note - if 'yes', please provide details below.**

Q9 What ongoing assistance or care does the applicant receive? (e.g. activities of daily living, meals on wheels, domiciliary nursing care etc.) Please describe the type of care provided and the name of the care provider/organisation providing the assistance.


Q10 Please list all attempts the applicant has made to find alternative housing.

Types of housing:

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Suburbs:

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Q11 For what reason/s has the applicant been unable to obtain suitable housing?


Q12 In your opinion, has/will the applicant continue to experience difficulty in accessing suitable housing in the private rental market? Yes  No

**Note** - if 'yes', please provide details below.


Q13 Do you have any other comments? (special requirements or considerations)


**Name**

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**Signature**

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**Referring agency / Profession / Relationship to applicant:**

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**Phone number:**

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**Date:**

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**Personal Information Privacy Notice**

The Department of Communities is collecting personal information on this form to provide its client with housing assistance. This is authorised by the *Housing Act 2003*. To assist its client with their housing needs and services, relevant personal information may, in very limited and specific circumstances, be disclosed to: Partner agencies, Service providers, Agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will, provide them with housing and/or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, the personal information contained in this form will not be passed on to any other third party without the client's consent. More information about the department's privacy policy is available on our website at: [www.communities.qld.gov.au/privacy](http://www.communities.qld.gov.au/privacy).