Homelessness Response Service

Referral Form

Referred Person Consent
• Referred Person Consent for Referral: ☐Yes ☐No • Referred Person Consent for HRS Staff to discuss referral information with referrer: ☐Yes ☐No • Referred Person Consent for the HRS Team Leader to access the Queensland Homelessness Information Platform (QHIP) to identify if the referred person is currently supported by another specialist Homelessness Service ☐Yes ☐No

Referring Program
☐ **Homelessness Response Service** Case Management support for an individual, couple or family who is currently living in accommodation, including a temporary arrangement, and experiencing a risk of homelessness. ☐ **Immediate Housing Response for Families** Case Management and Crisis Motel Accommodation support ☐ **Immediate Housing Response for Individuals and Couples** Case Management and Crisis Motel Accommodation support Please visit the Footprints Community website for more information about the programs above. https://footprintscommunity.org.au/services/homelessness-response-service/

Referred Person Information	
Date of referral:	
Surname:	Name:
Address:	
Phone:	Email:
Gender:	DOB:
Indigenous Status: Aboriginal ☐ Torres Strait Islander ☐ Australian South Sea Islander Does Not Identify ☐	
Country of Birth:	Main Language at Home:
Interpreter Required: Yes ☐ No ☐	
Does the referred person currently have a DFV (Domestic and Family Violence) order? If yes, are they listed as: ☐ DFV order protected ☐ DFV order respondent Please provide any additional Information:	

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Does the referred person have a child/children Yes ☐ No ☐

Does Child Safety Involved Yes ☐ No ☐

Accompanying Individuals

Full Name	Age	Relationship to the Referred Person

Housing Information

☐ Currently homeless ☐Couch surfing ☐ Boarding House/supported accommodation/crisis accommodation
☐ Caravan park ☐ House sharing ☐ Community/Public Housing ☐ Friends or Family
☐ Private Rental/Other
Other please specify:

Noticed to Leave ☐Yes ☐No
If yes, please provide the exit date:
QCAT Hearing ☐Yes ☐No
If yes, please provide the exit date:

Department of Housing Application
☐ No ☐Yes ☐ Submitted and Pending
If 'yes or Submitted Pending, please provide the Housing Number:

Income Sources

☐ Wages ☐ No income ☐ Workcover ☐ Insurance
☐ DSP ☐ Job Seeker ☐ Parenting payment ☐ Aged pension ☐ Rent Assistance
Other please specify:

Reasons for Referral

Please provide reasons for the referral:

Support Goals:

Are there any other organisations supporting the referred person?

Please provide any other background information that may be relevant in supporting the referred person:

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Mental/Physical Health information
Mental Health:
Physical Health:
Other: *Such as learning challenges – ABI's, autism, etc.*

Other Information
Does the referred person have a history of aggression or violence? ☐Yes ☐No If 'yes', please provide further information:
Does the referred person have a history of, or current use of substances that may impact support engagement? ☐Yes ☐No If 'yes', please provide further information:
Does the referred person have any pets? ☐Yes ☐No If 'yes', please provide further information:

Referrer Information (if Applicable)	
Name	Organisation
Role:	Phone Number:
Email Address:	
Will you have ongoing involvement with the referred person? ☐Yes ☐No	
Do you want to be involved in the initial intake appointment? ☐Yes ☐No	

Next of Kin Information and Consent	
Has the referred person identified anyone as their next of kin? ☐Yes ☐No If 'yes', please continue below.	
Name	Relationship
Phone:	Email:
Consent to be contacted if the referred person is uncountable ☐Yes ☐No	

Please return completed referral form to

HRS@footprintscommunity.org.au

Or QHIP referral For Specialist Homelessness Service Provider