



Government of South Australia

Department for Communities and Social Inclusion

Housing SA

Housing Needs

REPORT FORM

Ask if you need help with this form

About This Form

This form is for Agency staff who are referring or supporting a customer for any of the following services:

- category 1 or 2 housing
- category 1 or 2 transfer
- priority financial assistance for private rental housing

The information you provide on this form will be used by Housing SA to help you with an appropriate service.

Housing SA may use the information you provide for statistical purposes. You can access the information by contacting Housing SA.

Are you seeking housing with the Aboriginal Rental Housing Program?

YES

NO

If yes, you will need to provide confirmation of Aboriginality.

OFFICE USE ONLY

C/N: _____

FAMILY NAME: _____

Date Received _____ / _____ / _____

User ID _____

HOUSING REQUIREMENTS (if changed)

House Type: _____ Suburb: _____ Area: _____

Special Needs: _____

Bath

Modifications for disability or medical condition

Walk in

Small yard

Less than 1 or 2 steps

No stairs

Wheelchair access

Debt Amount _____

Debt Arranged YES NO

Debt Other H/holders YES NO

INELIGIBLE LETTER SENT YES NO

DATE SENT _____ / _____ / _____

ELIGIBLE LETTER SENT YES NO

DATE SENT _____ / _____ / _____

VERIFICATION COMPLETE YES NO

HOUSING NEEDS GUIDELINES

The register for housing is divided into four segments as described in the table below:

NEEDS SEGMENT	DESCRIPTION
Category 1	Registrants in urgent need, including tenants who need to move urgently.
Category 2	Registrants who are not in urgent need but other housing options are not suitable or accessible as a long term option, including tenants whose current housing is unsuitable in the long term.
Category 3	Registrants who meet the income and assets test but don't meet the needs criteria for Categories 1 or 2.
Category 4	Tenants who want to transfer for personal preference reasons, and who have been tenants for at least 3 years.

A registrant will meet the criteria for Category 1 or 2 housing if:

- one or more of the circumstances listed on page 7 apply
- the accommodation history and/or housing options assessment indicate that one or more members of the household have a housing need which makes private housing unsuitable in the long term, or the household is unable to access or maintain other suitable housing options.

AGENCY REFERRAL

Agency Details

Name of agency _____

Contact officer _____

Address _____

_____ Postcode _____

Telephone _____

Home _____ Other _____

Agency file number _____

Customer's Consent to Exchange Information (to be completed by customer)

I _____ of _____

give permission for _____ (agency name) to provide the information given in this form to Housing SA.

I understand this information will be used to assess my need for accommodation, and to confirm any special housing requirements that I have. I understand Housing SA may use this information for statistical purposes. I also understand that if I don't provide all the information requested, Housing SA may not be able to assess my need for public housing, or confirm any special housing requirements that I may have.

I also give permission for Housing SA to exchange information with _____

_____ (agency name) concerning the outcome of my housing registration, including the address of any Housing SA property I am allocated to and the tenancy start date.

I understand that I can withdraw this consent by writing to Housing SA.

Signature _____ Date ____/____/____

- If the customer doesn't have a current Housing SA registration lodged, a registration form must be completed and returned along with this form.
- If the customer has a current Housing SA registration and their housing requirements have changed, complete the Housing Requirements section on page 12.

THIS SECTION TO BE COMPLETED BY REFERRING AGENCY

1. How long has your agency had contact with the customer?

2. What is the reason for your agency's involvement with the customer?

3. Does the customer need support to maintain their tenancy - eg budgeting, personal or household care?

YES NO

If yes, provide details of any support required:

4. If support is required, will your agency provide this?

YES NO

If no, provide details of who will provide the support:

5. Tick (✓) which service you are supporting the customer for (can be more than one).

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial assistance for private rental housing | <input type="checkbox"/> Public Housing accommodation | <input type="checkbox"/> Public Housing transfer |
| <input type="checkbox"/> Aboriginal Housing accommodation | <input type="checkbox"/> Aboriginal Housing transfer | |

- If you are only referring the customer forward this section, along with documentation to substantiate the customer's circumstances, to the nearest Housing SA office.
- If you are providing supporting information for Category 1 or 2 housing, continue to the Housing Needs Issues section.

**THIS SECTION TO BE COMPLETED BY AGENCY STAFF
(UNLESS REFERRING ONLY) AND/OR HOUSING SA STAFF**

HOUSING NEEDS ISSUES

1. Tick (✓) which of the following needs criteria apply to the customer's household.

HOMELESS/AT RISK

- | | | |
|--|---|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Life threatening situation at home | <input type="checkbox"/> Inadequately housed |
| <input type="checkbox"/> Persistent harassment | <input type="checkbox"/> Natural disaster - eg fire, flood | <input type="checkbox"/> Domestic/family violence |
| <input type="checkbox"/> Victim of major crime | <input type="checkbox"/> Living in transitional or crisis accommodation | |

If you ticked any of the above, provide details and attach documentation to verify:

ACCESS BARRIERS (REGISTRANTS ONLY).

(Reasons why the customer can't access or maintain private housing).

- | | | |
|---|---|--|
| <input type="checkbox"/> Long term health issues | <input type="checkbox"/> Lack of financial skills/resources | <input type="checkbox"/> Long term disability issues |
| <input type="checkbox"/> Cultural or social issues | <input type="checkbox"/> Discrimination in private rental | <input type="checkbox"/> Lack of social skills |
| <input type="checkbox"/> Exiting institutional care | | |

If you ticked any of the above, provide details and attach documentation to verify:

TENANCY ISSUES (TENANTS ONLY)

(Reasons why the customer needs to move).

- | | | |
|---|---|--|
| <input type="checkbox"/> Unresolvable neighbour dispute | <input type="checkbox"/> Health reasons | <input type="checkbox"/> Overcrowding |
| <input type="checkbox"/> Disability reasons | <input type="checkbox"/> Needs to be closer to supports | <input type="checkbox"/> Under occupancy |

If you ticked any of the above, provide details and attach documentation to verify:

OTHER ISSUES (REGISTRANTS ONLY)

- | | |
|--|--|
| <input type="checkbox"/> Disability Support Pension recipient | <input type="checkbox"/> Refugees in Australia less than 2 years |
| <input type="checkbox"/> Totally and Permanently Incapacitated Pension recipient | <input type="checkbox"/> People exiting Direct Lease housing |

If you ticked any of the above, attach documentation to verify.

If there are any EXCEPTIONAL CIRCUMSTANCES not listed above, provide details and attach documentation to verify:

**THIS SECTION TO BE COMPLETED BY AGENCY STAFF
(UNLESS REFERRING ONLY) AND/OR HOUSING SA STAFF continued**

2. How long can the customer stay in their current accommodation?

(If the customer is homeless, provide details).

3. Why is the customer's current accommodation unsuitable?

4. Provide details of where the customer has lived over the last five years (include reasons why they left).

Eg: 8/96 to 5/97, shared with friends at Enfield, left due to household conflict

**THIS SECTION TO BE COMPLETED BY AGENCY STAFF
(UNLESS REFERRING ONLY) AND/OR HOUSING SA STAFF continued**

5. If the customer is experiencing financial difficulties, provide details.

(Include financial counsellor's statement and bankruptcy details, if applicable).

6. FOR REGISTRANTS

▶ Why is the customer unable to access or maintain other housing options eg private rental, home ownership, supported accommodation?

FOR TENANT TRANSFERS

▶ Why does the customer need to move?

Refer to Access Barriers or Tenancy Issues when addressing this question.

**THIS SECTION TO BE COMPLETED BY AGENCY STAFF
(UNLESS REFERRING ONLY) AND/OR HOUSING SA STAFF continued**

7. Describe any other issues.

8. Verification attached to support the below needs criteria?

Homeless issues	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Safety issues (At Risk)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Health/Disability issues	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Financial issues	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Social/Cultural issues	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Housing Trust or Aboriginal Housing tenancy issues	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other issues	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Exceptional circumstances	YES <input type="checkbox"/>	NO <input type="checkbox"/>

9. List the names and addresses of those providing verification.

**THIS SECTION TO BE COMPLETED BY AGENCY STAFF
(UNLESS REFERRING ONLY) AND/OR HOUSING SA STAFF continued**

10. Based on your assessment, tick (✓) which of the following best describes the customer's housing circumstances.

For private rental assistance:

Requires urgent financial assistance to secure or maintain private rental housing.

For housing registration:

Urgent housing need with long term barriers to accessing or maintaining private housing options.

Not in urgent housing need but with long term barriers to accessing or maintaining private housing options.

Doesn't have urgent housing need or long term barriers to accessing or maintaining private housing options.

For housing transfer:

Needs to move urgently.

Doesn't need to move urgently but has long term needs which aren't being met in current housing.

Doesn't need to move urgently or have long term needs.

DECLARATION (for agency staff to explain to customers and sign - MUST BE SIGNED)

- I declare that all information I have given is true and correct, and confirm that everyone named in this form know their personal information is being disclosed to Housing SA.
- I understand that any assistance obtained because of incorrect information supplied by me may be withdrawn and/or subject to repayment.
- I understand that I may become ineligible if my circumstances change.
- I authorise Housing SA to make enquiries to find out my new address, and consent to details of my new address being supplied to Housing SA, if I move address without notifying Housing SA and I have an outstanding debt to the SA Housing Trust.
- I understand that Housing SA will keep the information I provide in this form confidential, except where disclosure is authorised by the South Australian Government's Information Privacy Principles.
- I understand that I can access the information I have provided by contacting Housing SA.

This form has been completed with the information the customer supplied to me. I have explained the above points to the customer, and they have agreed that they understand.

Agency Staff Signature _____ Date ____/____/____

Customer's Signature _____ Date ____/____/____

TO BE COMPLETED BY HOUSING SA AND AGENCY STAFF WHERE THE REGISTRANT HAS AN EXISTING REGISTRATION AND WANTS TO CHANGE HOUSING CHOICES OR HAS SPECIAL REQUIREMENTS

- To ensure that housing choices are realistic, information about house types and areas is available:
 - online at www.sa.gov.au/HousingSAcustomer
 - by phoning Housing SA on 131 299
 - at any Housing SA office.
- Registrants who refuse two offers of housing will have their category reviewed, and may not receive further offers of housing for up to 24 months.

HOUSING REQUIREMENTS

1. **If the customer has special housing requirements - eg a particular house type, extra rooms, describe what is required and why.**

Eg: Single person with regular access to three children overnight. Needs three bedrooms.

2. **Tick (✓) if you must have housing with:**

A bath (not all houses have one)

A walk in shower

Less than 1-2 entry steps

Housing modifications for a disability or medical condition

A small yard

Wheelchair access

No stairs

List below what modifications you need:

Describe any other requirements that you must have.

Who needs these requirements?

If housing modifications are required a 'Request for House Modifications Form' must be completed. This form is online at www.sa.gov.au/HousingSAcustomer, or by contacting Housing SA.

TO BE COMPLETED BY HOUSING SA AND AGENCY STAFF WHERE THE REGISTRANT HAS AN EXISTING REGISTRATION AND WANTS TO CHANGE HOUSING CHOICES OR HAS SPECIAL REQUIREMENTS continued

3 List the area/s the customer would like to live in. Areas must be chosen from the Housing SA maps.

Area/s:

The customer will be offered the first available property they are eligible for in these areas.

4. If there are any suburbs that the customer must live close to in an area, provide details.

Suburb/s:

Reason customer must live in, or close to this suburb (must be substantiated)

Eg: Customer needs to live close to essential medical supports at Christie Downs

5. Tick (✓) the type of housing you want to register for (can be more than one).

Housing SA will attempt to offer the type of housing you have requested, but this can't be guaranteed.

- MEDIUM DENSITY** One or two storey townhouses with a small yard, usually in close proximity to neighbours.
- HOUSES** Detached maisonette properties with a larger private yard.
- FLATS** Group of units, usually two or three storeys, with shared common areas and no private yard.
- COTTAGE FLATS** One storey units in small groups with shared common areas and no private yard.

6. Property size.

The following table shows the general bedroom entitlement for different household types. There may be exceptions to this.

Household Type	Bedroom Entitlement
Single person	1 – 2 bedrooms
Couple (no children)	1 – 2 bedrooms
Two singles (i.e. sharing)	2 bedrooms
Single or couple with one child	2 – 3 bedrooms
Single or couple with two children	3 bedrooms
Single or couple with three children	3 – 4 bedrooms*
Single or couple with four or more children	3 – 4 bedrooms*

***There are a limited number of four bedroom properties available. The Aboriginal Rental Housing Program does not provide any Flat or Cottage Flat accommodation.**

If you will be the only person living in your property, tick (✓) if you would accept:

- Bedsitter housing (lounge room and bedroom are combined) YES NO
- 1 bedroom housing YES NO

HOUSING NEEDS OUTCOME

- 1. Which category do you recommend?** _____
Provide reasons for your recommendation

- 2. Housing requirements checked with Allocations Officer? Yes No**

Housing SA Staff Signature _____ Date ____/____/____

Name _____ User ID _____

Reasons for decision:

Deferred pending: