

# Aged Homelessness Assistance Program

## Customer outreach referral form

Make sure the customer knows you've disclosed their information on this form before emailing it to the Social Work Team at

[DLDHSAgedHomelessnessAssistanceProgramReferrals@sa.gov.au](mailto:DLDHSAgedHomelessnessAssistanceProgramReferrals@sa.gov.au).

The Social Work Team will:

- determine if the customer's eligible for the program
- contact the customer to discuss necessary supports

### Customer's details

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Housing SA customer number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cultural background: \_\_\_\_\_ Language: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Residency status: \_\_\_\_\_

Describe their family situation and support available:

\_\_\_\_\_

Are they currently studying?

No  Yes Course: \_\_\_\_\_

Are they currently working?  No  Yes:

Full time  Part time  Casual  Other:

\_\_\_\_\_

Centrelink Reference Number: \_\_\_\_\_

Centrelink payment type: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Date last paid: \_\_\_\_\_

Weekly  Fortnightly  Monthly  Other:

\_\_\_\_\_

Ambulance cover  No  Yes Cover number: \_\_\_\_\_

## Housing situation

Describe the customer's current living situation.

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Flat/ house/ unit/ other: \_\_\_\_\_

How long has the customer been staying there? \_\_\_\_\_

Who is on the lease agreement? \_\_\_\_\_

Who does the customer live with, if anyone? \_\_\_\_\_

Last permanent address: \_\_\_\_\_

How long was the customer living there? \_\_\_\_\_

What circumstances have prompted the customer to ask for assistance now?

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## Emergency contact details

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to customer: \_\_\_\_\_

## Referring agency details

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_