

Aged Homelessness Assistance Program

Nomination form

Complete this form to nominate a customer for an Aged Homelessness Assistance Program property. Return it to the housing provider by the closing date on the Vacancy advertisement form.

Your nomination will be assessed, and the housing provider will contact you about the outcome. You're responsible for telling the customer about the outcome.

Before you nominate a customer:

- make sure they're eligible in line with the [Aged Homelessness Assistance Program policy](#)
- make sure the property, it's size and location is suitable for them
- discuss the terms, aims and requirements of the program with them, including the importance of sharing relevant personal information
- make sure they sign this form

Contact the housing provider if:

- you have any questions about the nomination or assessment process
- you aren't sure if the property or location is suitable

Supporting information

Contact all the agencies your customer works with to:

- make sure only 1 nomination form is submitted for the customer
- make sure the nomination reflects the customer's situation
- gather all necessary information

Supporting information from an agency should include all the below information:

- why they're involved with the customer and for how long
- the type of assistance or support they provide
- details about the customer's health or social issues, and any treatment they receive
- information about the nature and seriousness of the customer's situation

Your information

Name: _____

Agency: _____

Address: _____

Phone: _____ Email: _____

How long have you worked with this customer? _____

What type of support or assistance do you provide? _____

Customer's details

Name: _____

Date of birth: _____ Gender: _____

Is the customer of Aboriginal and/ or Torres Strait Islander descent?

Yes No Both

Has the customer ever been under the Guardianship of the Minister/ Chief Executive?

Yes No

About the customer's household

List everyone who will be living with the customer.

Name: _____

Date of birth: _____ Gender: _____

Relationship to the customer: _____

Name: _____

Date of birth: _____ Gender: _____

Relationship to the customer: _____

Name: _____

Date of birth: _____ Gender: _____

Relationship to the customer: _____

Name: _____

Date of birth: _____ Gender: _____

Relationship to the customer: _____

Provide details about any expected changes to the household in the next 12 months:

The customer's current housing situation

Select what best describes the customer's current housing situation.

- Primary homelessness, for example sleeping rough, squatting
- Secondary homelessness, for example transitional or emergency accommodation
- Tertiary homelessness, for example living in a boarding house medium or long-term
- At imminent risk of homelessness

How long has this been the situation? _____

Describe any other housing options planned for the customer:

Select all the types of accommodation the customer has lived in over the last 15 months:

- Public, Aboriginal or community housing
- Boarding house
- Supported accommodation
- Renting privately
- Other: _____

Has the customer been sleeping rough in the last 15 months?

- Yes No

Have they moved more than 5 times in the last 15 months?

- Yes No

What's the average length of time spent in accommodation? _____

Is renting privately an option? Yes No

What's the main reason why they left their previous accommodation? Select all that apply.

- Behavioural issues Lease agreement ended
 Financial issues Domestic abuse
 Evicted Inappropriate accommodation
 Other reasons: _____
-
-

Health and social issues

Select all the below issues that have affected the customer over the last 15 months:

- Diagnosed mental health conditions At risk of hospitalisation
 History of hospitalisation Comorbidity diagnosis
 Disability Chronic conditions
 Cultural or language barriers Accompanying children
 Financial barriers History of self-harm or suicidal issues
 Safety issues Drugs or alcohol
 Gambling History of incarceration
 History of crisis events, for example behaviour
 Other issues: _____
-

Support requirements

List all the support the customer needs. If they don't need support they aren't eligible.

Issue	Support required

List the supports currently in place and how long the customer can access them for.

Issue	Support in place	Duration

Terms and consent to share personal information

- I agree to participate in case management support and receive housing for an initial 12 month lease agreement through the program.
- I understand that the lease agreement may be extended based on my goals and participation in the program.
- I understand that tenancy management or ownership of the property may change, and that the conditions of my lease agreement will continue to be honoured in these situations.
- I give my permission for Housing SA to share personal information about me and other people listed on this form to the housing provider, Social Work Support Team Housing SA, and the agency that nominated me for this program.
- I give Housing SA, and any relevant Community Housing Provider and support provider involved in the program, permission to discuss any current Housing Needs Assessment for the purpose of arranging a suitable housing allocation.
- I understand that sharing relevant, personal information is crucial to my success in the program and I may be approached during my tenancy for permission to share other relevant information for the safety and stability of my tenancy.
- I authorise Housing SA, the agency making this nomination, my housing provider and my support provider to share personal information they hold about me and members of my household to the agency listed below.
- I understand that information in this nomination form will be used for up to 6 weeks from the date stated below in order to nominate me for other vacancies in the program.
- If my circumstances change, my nominating agency worker will tell the housing provider about the change in circumstances.
- I understand that this permission will remain in place until I tell Housing SA in writing that I want to withdraw it.

Customer's signature: _____ Date: _____

Agency declaration

By signing this form you're stating that all of the below statements are true and correct.

- I am currently working with this customer.
- I have the authority to make this nomination on behalf of my organisation.
- The information in this nomination form is true and accurate.
- If the information changes, I will tell the housing provider within 7 days.
- The customer and all third parties included in this form know and give permission for their information to be included in this form.
- I have explained the program's terms and conditions to the customer and have the original copy of this form signed by the customer.
- The customer has signed the Terms and consent to sharing information section of this form.
- Other workers in my agency will have authority to exchange information about the customer in my absence.
- My agency will share any additional information to support this nomination with the customer's consent if the housing provider asks.
- I understand the information in this form will be used for assessment purposes, and ongoing liaison with other relevant agencies responsible for delivering a program outcome, for example the housing provider, a Specialised Homelessness Service, if the nomination is successful.
- I understand Housing SA, Community Housing Providers and the support provider will collect, store, use and disclose any personal information provided according to the South Australian Government's Information Privacy Principles or the Australian Privacy Principles. Personal information will not be used for any other purpose or disclosed to a third party without the customer's consent, unless it's authorised by the Information Privacy Principles or the Australian Privacy Principles.
- I understand a housing provider may request more information as they deem appropriate in support of this nomination.

Nominating agency worker completing this form:

Name: _____ Date: _____

Agency: _____

Relationship to customer: _____