

Support Service Provider completes this form to nominate an eligible client for Transitional Housing Plus - DV managed by Women's Housing Company (WHC).

Nominated Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ CRN \_\_\_\_\_

Current Address \_\_\_\_\_

Proposed Transitional Plus Address \_\_\_\_\_

Does the client have capacity to transition to private market housing within five (5) years, through active involvement in a personal case plan?

(i.e. capacity to engage in education, training and employment pathways?)  YES  NO

If NO, provide alternative exit plan:

\_\_\_\_\_

Are there any conflicts of interest?  YES  NO  
(i.e. does the client know any WHC Board or Staff member personally?)

If YES, provide details:

\_\_\_\_\_

### **NOMINATOR'S DECLARATION**

I, the undersigned, confirm that the above-named client meets the eligibility criteria of the WHC [Transitional Housing Plus – DV Policy](#). I have explained the WHC Transitional Housing Plus – DV Policy to this client and they have committed to engage in a support program aimed at facilitating education, training and employment pathways and will actively work towards securing sustainable housing in the private market by or before the expiry of the five (5) year transitional housing period.

I have included a copy of the nominated client's identification and a recent Centrelink Income Statement.

Support Provider Organisation \_\_\_\_\_

Case Worker Name \_\_\_\_\_ Telephone \_\_\_\_\_

Case Worker Email \_\_\_\_\_

Case Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Nominated Client of Support Service Provider completes this form.

**Please read the following statements and sign below to indicate your understanding and acceptance of the conditions of the Transitional Housing Plus – DV tenancy for which you have been nominated.**

- I understand that I am being nominated for a Transitional Housing Plus – DV tenancy with the Women's Housing Company (WHC). I understand this is a time-limited tenancy and I agree to actively work with the Support Service Provider towards education, training and employment pathways, in order to exit this program into sustainable private market housing.
- I understand that I will be offered an initial fixed term lease of six (6) months. I understand that my lease may be renewed for further fixed term(s) up to a maximum tenure of five (5) years. Lease renewals are conditional upon my compliance with the obligations of the Residential Tenancy Act 2010 and my ongoing engagement with education, training and employment pathways. I understand that if my engagement with the Support Service Provider ends (by either me or the Support Service Provider) then my lease will not be renewed.
- I agree to comply with the WHC policies and adhere to the requirements of the Residential Tenancy Act 2010 and understand that if I breach these conditions, then my tenancy may be terminated.
- I understand that I should raise any issues or complaints regarding my tenancy with the WHC and that I should raise any issues or complaints regarding my support provision with the Support Service Provider.
- I agree to the exchange of information between the WHC, the Support Service Provider and the Local Nomination Panel (responsible for making housing allocation recommendations to the WHC). I understand that this exchange of information is necessary in order to support my nomination and a successful tenancy and a successful exit from the program, but that I can withdraw this consent in writing at any time.
- I agree to the WHC collecting and reporting statistical information from this nomination and my tenancy.
- I declare that the information provided to the WHC and the Support Service Provider is true to the best of my knowledge. I understand that the provision of false information will result in my Transitional Housing Plus – DV nomination being withdrawn or my lease not renewed.

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ CRN \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ CRN \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone \_\_\_\_\_

*Please indicate with 'S' if telephone number is silent (i.e. not listed in public directory)*

**NEXT OF KIN (adult relative)**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**EMERGENCY CONTACT**

This is preferably someone living nearby who can assist WHC in an emergency (e.g. urgent property repair), and may be a friend, neighbour, family member, doctor, support service, etc.

*Note:* Consent to contact your doctor does not allow WHC access to your medical records.

*Note:* If WHC contacts this nominated person, WHC will not disclose any personal information that does not relate to the emergency situation.

Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**I give consent for the Women's Housing Company to contact this nominated person in case of emergency.**

**Your signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## STATISTICAL DATA COLLECTION

The Women's Housing Company has obligations to provide statistical information to the National Data Collection Agency who monitor trends in housing need. We do not provide them with names or any information that can identify you.

I give consent for the Women's Housing Company to use the information provided on this form for statistical purposes.

YES

NO

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Nationality \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Country of birth \_\_\_\_\_ Main Income Source \_\_\_\_\_

Visa Type \_\_\_\_\_ Date Arrived in Australia \_\_\_\_\_

Do you require an interpreter?  YES

NO

Main Language \_\_\_\_\_ Second Language \_\_\_\_\_

Indigenous Status:

- Aboriginal Confirmed
- Aboriginal Not Confirmed
- Torres Strait Islander Confirmed
- Torres Strait Islander Not Confirmed
- Not Known

Disability Type:

- Physical/Diverse
- Intellectual/Learning
- Sensory/Speech
- Psychiatric
- Other: \_\_\_\_\_

Employment Status:

- Employed fulltime
- Employed part time
- Employed casual / seasonal
- Self Employed
- Job seeking

Education / Training Status:

- Studying fulltime
- Studying part time
- Apprenticeship / Traineeship
- Short Course

Field of study: \_\_\_\_\_

Most recent housing type:

- Homeless / Refuge
- Aboriginal Housing
- Community Housing
- Public Housing
- Private Rental
- Home Ownership
- Other: \_\_\_\_\_

Housing Accommodation Support Initiative (HASI):

- Low Support
- Medium Support
- High Support

NSW Trustee and Guardian involvement?  YES  NO

Court / Community Services Order in place?  YES  NO

Do you own a pet?  YES  NO Details: \_\_\_\_\_

Do you own a vehicle?  YES  NO Registration Number \_\_\_\_\_