

# Towards Home+ (Frankston)

## Supported Housing Team Referral Form

Use this form to refer someone to the Frankston Towards Home+ Supportive Housing Team. Please download this form and save it to your computer before filling it in. See below for instructions on how to submit your referral.

**Towards Home+** provides holistic support to people who are either at risk of homelessness or experiencing homelessness in the Frankston area.

The Supportive Housing Team uses a client-centered shared-care approach to support people to obtain and maintain housing, improve physical and mental health, and develop connections within the local community. Support provided includes:

- Support with tenancy establishment and maintaining tenancy.
- Support with daily living skills and participation in social activities.
- Short-term support to meet immediate needs.
- Longer term case management and care coordination to facilitate a multi-agency 'wrap-around' response.
- Support to connect with mainstream services.
- Support to strengthen informal supports.

### Supportive Housing Team Eligibility

Eligible consumers are those:

- Whose chronic homelessness is symptomatic of complex needs including mental illness and persistent system failures.
- Who have experienced recent or past episodes of chronic homelessness including rough sleeping.
- Who have links to, or a desire to establish links to, community and services in the local area.

They may present with risk taking behaviour, drug/alcohol dependence, self-harming or other forms of behaviour that may be detrimental to their physical and mental health.

If the consumer is currently rough sleeping please contact the Launch Housing Assertive Outreach team on:

Phone: 03 9792 0750 | Email: [LHroughsleeperinitiativefkn@launchhousing.org.au](mailto:LHroughsleeperinitiativefkn@launchhousing.org.au)

### Submitting this Referral Form

Please ensure that you have saved the form to your computer and saved any changes made. Please retain a copy for your own records. You can submit this form in two ways:

- If all signatures are recorded electronically, please use the Email this form button to send via email (the form will open an email in your default email software addressed to [towardshomeplusSE@neaminational.org.au](mailto:towardshomeplusSE@neaminational.org.au)). Please attach any supporting documentation to your email.
- If signing by hand, please print the completed form, sign it, and either:
  - Fax it to 03 9018 4486 along with any supporting documentation.
  - Send a scanned copy of the form to [towardshomeplusSE@neaminational.org.au](mailto:towardshomeplusSE@neaminational.org.au). Please attach any supporting documentation to your email.

## Consumer details

Surname				Given name(s)		
Address (if applicable)						
Home phone				Email		
Preferred contact	Phone	Email	SMS	Date of Birth		
Aboriginal or Torres Strait Islander?	Yes	No				
Preferred language				Interpreter required?	Yes	No

## Referrer details

Referrer name and organisation						
Phone				Email		
Is the consumer aware of the referral?	Yes	No				
DHHS Housing Application?	Yes	No	Reference number:			
Reason for referral						

## Who can we contact if necessary

Name						
Contact details				Relationship to consumer		

## Next of kin (if different from contact)

Name						
Contact details				Relationship to consumer		

## Current situation

Current housing situation. Please provide details, *e.g. Sleeping rough, couch surfing, crisis accommodation, caravan, rooming house, overcrowding*

Length of time homeless

What services does the consumer currently access

Other supports

Are there any barriers for the consumer in relation to accessing services

Current level of engagement, *e.g. attending appointments, response to outreach*

Income (*DSP, Newstart, employed, etc.*)

Administration / guardianship orders

Mental Health Act Status

Current Legal Status (*Current charges, pending court cases, IVO's, GBO's, CBO's*)

## History

Physical Health

Mental Health Diagnosis/Issue

Acquired Brain Injury or Intellectual Disability

Substance Use (current/previous use, type of substances)

Hospital Admissions in past year

Emergency Department Admissions

Forensic History

## Risks / Alerts

Current Risks, *e.g. vulnerability, aggression, threatening behaviour, self-harm, DV, physical health*

Additional Information

Please attach any relevant supporting documentation

## Consumer Consent

The Privacy Act requires the applicant to sign this form giving their consent for the release of their information and details.

I give consent for my details and information to be shared with Towards Home+, partner organisations, and health services and other service providers relevant to this referral.

I understand that Towards Home+ will discuss with me any services they are looking to engage with on my behalf before doing so.

I give consent for my de-identified information to be used for research and evaluation purposes, to improve the overall quality of our services.

**Consumer  
signature  
(or guardian/parent  
if a minor)**

**Date**

## Verbal Consent

*Verbal consent should only be used where it is not practicable to obtain written consent.*

I have discussed the proposed referral with the consumer. I am satisfied that the consumer understands the proposed uses and disclosures and has provided their informed consent to these.

**Referrer signature**

**Date**

## Referrer Confirmation

The referrer agrees that all information submitted in this referral and supporting documentation is an accurate reflection of the applicant's support needs, is correct with no known information withheld that is necessary for Towards Home+ to fulfil its duty of care to consumers, staff and other partner agencies.

**Referrer signature**

**Date**

## What happens how?

The Towards Home+ team will assess your referral and be in contact with the consumer being referred within two business days (where referrals are appropriate). Consumers that are deemed not to be eligible will be provided with alternative service options.

## Contact

Phone: 1300 273 167 | Fax: 03 9018 4486 | Email: [towardshomeplusSE@neaminational.org.au](mailto:towardshomeplusSE@neaminational.org.au)  
[www.neaminational.com/THplus-Frankston](http://www.neaminational.com/THplus-Frankston)



Towards Home+ is a joint initiative led by Neami National in partnership with Launch Housing, Wathaurong Aboriginal Health Services, Uniting Care ReGen, Bolton Clarke and Melbourne City Mission. Towards Home+ is supported by the Victorian Government.