

Specialist Homelessness Service (SHS) provider completes this form to nominate an eligible client for Transitional Housing managed by Women's Housing Company (WHC).

Nominated Client Name _____

Date of Birth _____ CRN _____

Housing Pathways Application _____ T-file _____

Current Address _____

Proposed Transitional Address _____

Does the client have sufficient skills to sustain a successful tenancy? YES NO

If NO, provide an outline of the independent living skills support plan in place:

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

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 Policy](#). I have explained the WHC Transitional Housing Policy to this client and they have committed to engage in the SHS support program and will actively work towards securing alternative sustainable housing during the transitional housing period.

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

SHS Provider Organisation _____

Case Worker Name _____ Telephone _____

Case Worker Email _____

Case Worker Signature _____ Date _____

Nominated Client of Specialist Homelessness Service (SHS) 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 tenancy for which you have been nominated.

- I understand that I am being nominated for a Transitional Housing tenancy with the Women's Housing Company (WHC). I understand this is a time-limited tenancy and I agree to actively work with the SHS support provider towards addressing the issues / circumstances that have led to my need for transitional housing, in order to exit this program into alternative sustainable housing.
- I understand that I will be offered an initial fixed term lease of three (3) months. I understand that my lease may be renewed for further fixed term(s) up to a maximum of 18 months. Lease renewals are conditional upon my compliance with the obligations of the Residential Tenancy Act 2010 and my ongoing engagement with the SHS support provider. I understand that if my engagement with the SHS support provider ends (by either me or the SHS support provider) then my lease will not be renewed.
- I understand that I must reside at the property at all times. 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 SHS support provider.
- I agree to the exchange of information between the WHC and the SHS support provider. 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 accessing my Housing Pathways records to verify my housing application status prior to approving this nomination. (Housing Pathways records will not be accessed without further consent at any other time).
- I agree to the WHC collecting and reporting statistical information from this nomination, my Housing Pathways application and my tenancy.
- I declare that the information provided to the WHC and the SHS support provider is true to the best of my knowledge. I understand that the provision of false information will result in my transitional housing 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 _____