

## Nominating Service Provider completes this form to nominate an eligible client for Transitional Housing Plus – Domestic Violence program

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

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

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

(i.e. capacity to engage with support and gain sustainable employment?) ☐ YES ☐ NO

If YES, complete and attach the **Transitional Housing Plus – DV Agreed Support Plan**

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: \_\_\_\_\_

### TRANSITIONAL PLUS SUPPORT PROVIDER (by location)

Please tick the applicable Transitional Plus Support Provider(s), based on the client's required location:

Western Sydney	<input type="checkbox"/>	Domestic Violence Service Management (DVSM)	Newcastle	<input type="checkbox"/>	Jenny's Place
Nepean / Blue Mountains	<input type="checkbox"/>	To Be Advised	Newcastle / Lake Macquarie	<input type="checkbox"/>	Nova for Woman and Children
South Western Sydney	<input type="checkbox"/>	To Be Advised	Coffs Harbour	<input type="checkbox"/>	Warrina Domestic Violence Support Services

### NOMINATOR'S DECLARATIONS

- 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 confirmed their understanding of the program requirements and the obligations of all parties.
- I commit to proactively engage in co-case management with the Transitional Plus Support Provider until a sustainable support relationship is achieved between this client and the Transitional Plus Support Provider.
- I have included a copy of this client's identification and a recent Centrelink Income Statement and / or other income evidence.

Nominating Service Provider Organisation \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

## Nominated Client 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 program for which you have been nominated.

- I understand my nomination will be reviewed by a Local Nomination Assessment Panel, comprising representatives of the Women's Housing Company (WHC), the Transitional Plus Support Provider (tick below) and the NSW Department of Communities and Justice (DCJ). The Local Nomination Assessment Panel will determine if my nomination meets the eligibility criteria and will make recommendations to fill available vacancies.
- I agree to the exchange of relevant information between the Nominating Service Provider and all members of the Local Nomination Assessment Panel. I understand this exchange of information is necessary to support my nomination, my tenancy and my successful exit from the program, and I can withdraw my consent at any time.
- I agree to the collection and reporting of de-identified statistical information from my nomination and any subsequent tenancy for program evaluation purposes.
- I understand that I am being nominated for a Transitional Housing Plus – Domestic Violence tenancy, which is time-limited – I may be offered an initial fixed term lease of six (6) months, which may be renewed for further fixed term(s) up to a maximum tenure of five (5) years and I will be required to exit into sustainable private market housing by or before the expiry of the program.
- I understand that lease renewals are conditional upon my compliance with the Residential Tenancy Act 2010 and my ongoing engagement with the Transitional Plus Support Provider towards education, training and employment pathways and sustainable private market housing. I understand that if my engagement with the Transitional Plus Support Provider ends then my lease will not be renewed.
- I understand the rent model of the Transitional Housing Plus – Domestic Violence program, whereby my subsidised rent will increase each year towards market rent by the end of the five (5) years of the program.
- 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 Transitional Plus Support Provider.
- I declare that the information provided in my nomination 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 being renewed.

### TRANSITIONAL PLUS SUPPORT PROVIDER (by location)

Please tick the applicable Transitional Plus Support Provider(s), based on your required location:

Western Sydney		Domestic Violence Service Management (DVSM)	Newcastle		Jenny's Place
Nepean / Blue Mountains		To Be Advised	Newcastle / Lake Macquarie		Nova for Woman and Children
South Western Sydney		To Be Advised	Coffs Harbour		Warrina Domestic Violence Support Services

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

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

**Nominating Service Provider completes this form to summarise plans agreed with the client to ensure capacity to transition to private market housing within five (5) years.**

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

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

Level of support client requires currently to maintain tenancy ☐ Low (2 hours / week or less) ☐ Medium (8 hours / week or less)

### **SAFETY / HEALTH / WELLBEING**

Examples of goals may include:

- Ensure safety – assist client with application for ADVO and / or other safety measures
- Meet needs of children – assist client to enrol children in childcare / school and access appropriate support payments
- Maintain health – assist client to access information regarding health, nutrition and exercise programs
- Support networks – assist client to access additional support services or social and community connections

Goals	Strategies in place	Strategies planned	Timeframe to put in place	Who is responsible

### **STABLE HOUSING**

Examples of goals may include:

- Meet tenancy obligations – assist client to enrol for Rent It Keep It training
- Manage budget – assist client to develop / improve financial literacy, plan for expenses, manage debt
- Obtain rental property – assist client to search for affordable property, apply for private rentals

Goals	Strategies in place	Strategies planned	Timeframe to put in place	Who is responsible

## EDUCATION / TRAINING

Examples of goals may include:

- Identify new course –assist client with finding appropriate training providers and completing enrolment processes, review education history and qualifications

Goals	Strategies in place	Strategies planned	Timeframe to put in place	Who is responsible

## EMPLOYMENT

Examples of goals may include:

- Secure job – assist client to register with employment agencies, review work history, write a resume and cover letter, complete job applications, improve interview skills

Goals	Strategies in place	Strategies planned	Timeframe to put in place	Who is responsible

## SUPPORT PLAN DEVELOPMENT and AGREEMENT

The Nominating Service Provider confirms the above strategies are in place and / or planned and agrees to work proactively with the client to transition support arrangements to the Transitional Plus Support Provider.

Nominating Service Provider Organisation \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

The Client confirms this support plan has been developed with their input and agrees to work proactively towards the goals with assistance from the Nominating Service Provider and the Transitional Plus Support Provider.

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

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

**Nominated Client completes this form.**

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

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

**DEPENDENT CHILDREN**

*Please provide details of all dependent children who will be living with you, including any unborn babies.*

Dependent Child 1 Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ☐ Female ☐ Male

Dependent Child 2 Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ☐ Female ☐ Male

Dependent Child 3 Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ☐ Female ☐ Male

Dependent Child 4 Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ☐ Female ☐ Male

**SAFETY REQUIREMENTS**

*Please provide details of any **restrictions or conditions** imposed by an Apprehended Domestic Violence Order (ADVO) or similar arrangements to ensure safety once housed in the Transitional Housing Plus – DV program.*

\_\_\_\_\_

**LOCATION REQUIREMENTS**

*Please provide details of any **suburbs or areas to avoid** for safety reasons (i.e. location of perpetrator, etc.).*

\_\_\_\_\_

*Please provide details of any **suburbs or areas to be close** to or accessible by public transport (i.e. schools, special needs support providers, family supports, etc.).*

\_\_\_\_\_

**If more room is required, please attach a support letter containing additional relevant information.**

## STATISTICAL DATA COLLECTION

The Women's Housing Company has obligations to provide statistical information to the National Data Collection Agency which monitors 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 \_\_\_\_\_

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: \_\_\_\_\_

### Immigration Status:

Date Arrived: \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_

Visa Conditions: \_\_\_\_\_

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 \_\_\_\_\_