

Under 1 Roof Assessment and Referral Form

Client informed consent for referral to Under 1 Roof Case Coordination

Under 1 Roof is a group of agencies working together to achieve solutions for people who want to find and keep a place to live. Under 1 Roof is under the management of Community. Under 1 Roof holds meetings every two weeks so that workers from the different services can work together on solutions for people who want to find, get and keep housing. The following is a list of the agencies involved in the Under 1 Roof meetings.

Agencies involved in Under 1 Roof

139 Club
bric housing
brisbane housing company (BHC)
Brisbane Youth Service
Community
Footprints in Brisbane
Department of Housing
Mission Australia including Roma House and ORRS
HART 4000
Queensland Health (HHOT Team)
QuIHN
Youth Emergency Services (managed by BYS)
Australian Red Cross
Churches of Christ Care Housing
Ozcare
Richmond Fellowship Queensland
INCH
Other

Please tell us about any agencies you don't want us to share information with.

Please make sure the following information is covered in your explanation of consent to the client:

We need your agreement to make a referral to Under 1 Roof. If you would like to be referred to Under 1 Roof meetings, we need you to agree to your information being shared with the agencies listed above. Any information that is collected is stored in a secure and confidential manner and will only be used to help achieve your goals about finding, getting and keeping housing.

Any contact with other agencies outside of Under 1 Roof will be discussed with you by your key worker as part of the plan worked out with you. Under 1 Roof does use anonymous information to report to our funding bodies and the community about the work we do and what is achieved. Your name is never used as part of these reports. You are welcome to ask any questions about how Under 1 Roof keeps and uses information about you.

You can request to attend the case coordination meeting if you would like to. Please talk to your key worker to discuss this option. If you don't want to give your consent to your information being shared with Under 1 Roof agencies, you will still be offered assistance from your key worker and the agency that is working with you. You are also still eligible for other types of assistance from individual agencies and your key worker can help you link up with these options.

This agreement is for six months unless otherwise agreed. You can withdraw your consent at any time by telling your key worker. Your key worker / contact will still work with you on solutions to the things you want to work on.

Privacy notice to the client: please ensure you read this to the client:

The information in this form is being collected by the agency you are in contact with and will be presented to Under 1 Roof meetings involving the agencies listed above. These agencies will discuss this information if you have signed this consent form so that they can help you with your housing and support options. The information held by U1R is subject to the provisions of privacy legislation and the Right to Information Act 2009. You can request your information at any time by asking our key worker.

Consent:

It has been explained to me that by signing this form, I am giving consent to my information being shared with the agencies listed above with the purposes of helping me to find, get and keep housing and support. I understand that I can request my information at any time and that it will be kept confidential to the agencies who participate in U1R unless I agree to it being shared with another agency as part of the plan to help me. I understand that I can withdraw consent at any time and that I am still eligible for help from individual agencies if I don't give my consent to U1R. I give my consent for six months.

Client Name

Client Name

Date of consent

Date of consent

Signature

Signature

Please write any notes here explaining other client preferences at the time consent is given

Thank you for completing the consent form. Please stay in touch with your worker about how your referral is going or if you want to change anything about consent.

Under 1 Roof Assessment and Referral Form

Date referral is presented

Referring worker name

Agency name

Email contact

Phone contact

Client date of birth	Housing application number	Level of assessed need	
			Very high
			High
			Other

Best methods for contacting the client. Ask the client "if you get offered some housing what places or people can we contact to find you?" Aim for at least three if possible.

Gender	VISPDAT	Level of acuity if known
Female	Yes	
Male	No	
Other	Unknown	

Living situation on referral

- Couch surfing with family
- Couch surfing with friends
- Crisis accommodation
- Transitional housing
- House sharing family
- House sharing friends
- Housed public housing at risk
- Housed long term community housing at risk
- Housed private rental housing at risk
- Housed private boarding house at risk
- Rough sleeping
- Caravan park
- Sleeping in car
- Sleeping in other improvised dwelling
- Other

Which best describes the household composition:

- Single person living alone
- One parent with children
- Two parents with children
- Other family type with children
- Couple
- Family other (such as siblings)
- Other

The client identifies as an Aboriginal person

- Yes
- No

What is the person's ethnic identity?

What is the year of arrival in Australia?

Please indicate all presenting issues:

- Housing and homelessness
- Mental health
- Drug and/or alcohol
- Employment and training
- Legal including debt
- Family relationships
- Income
- Social and community connections
- Health
- Having something to do
- Domestic violence
- Child safety
- Personal care and basic needs
- Survival and safety
- Communication and level of organisation
- Other

How many people are in the household seeking to be housed? Please list all household members, their gender and age.

The client identifies as a person of Torres Strait Islander background

- Yes
- No

What is the person's country of birth?

Preferred language?

Level of spoken English

Is an interpreter needed?

Very well

Yes

Not very well

No

Not at all

Income source

What is the current amount of income received per fortnight?

Wages

DSP

Youth Allowance

Newstart Allowance

Parenting payment

Aged pension

Pension - other

Rent assistance

Other

Please write an assessment of the household's needs and issues. Use this space to assess all presenting issues that may impact on finding, getting or keeping housing.

What type of housing solution is needed?

Please indicate if there are any known service exclusions.

Is brokerage recommended/needed as part of the support plan?

Yes

No

Not at this stage but maybe later

Other

Please indicate the client's goals. Please tick all that are relevant.

- To find housing that is appropriate, safe and affordable
- To access support to help with sustaining housing
- To access support that will improve my wellbeing including specialist support
- To pursue specific goals such as employment, training and volunteering
- To become more connected to family and friends
- To be able to spend time with / live with my children
- To become more connected to my neighbourhood
- To improve my health
- To improve my mental health
- To address substance use issues
- To have more things to do with my time
- To sort out legal issues
- To fix problems with my income
- To address my safety concerns
- To live independently and manage day to day tasks and responsibilities
- Other

Please provide any further goals here or any further information needed to explain the goals listed above.

What type of support does the client need?

What intensity of support does the client need?

Which other agencies are involved in the client's care?

What role will the referring agency continue to play?

Please provide any other information that you think will help in finding the right solutions for your client.