

# Expression of interest in lodging accommodation

This form is for community service agencies and / or workers to use to refer their clients to Foundation Housing for accommodation. Support workers should complete this form, which also requests support plan details and submit it to Foundation Housing who will make contact as soon as possible.

Individuals needing accommodation who are not attending or linked in with any community support service agencies are welcome to apply directly to Foundation Housing for lodging accommodation and should contact Foundation Housing directly to arrange an expression of interest interview with our staff. If you are attending a service please ask them to refer you.

## About Lodging Accommodation

Lodging provides single people on a low income with ongoing accommodation in a furnished room with shared access to communal facilities including a bathroom and kitchen. Many of our lodges have additional shared facilities such as common rooms and outdoor areas.

Lodging is suitable for single people aged 24 years or older who need a convenient and affordable housing as they have limited income, savings or assets. Foundation Housing is a not for profit community housing provider that offers residents a room at a subsidised rate that is based on your income.

## Lodging is not generally suitable for people requiring crisis accommodation.

All residents are assessed by our staff prior to entry to our lodging houses so that we understand their needs and preferences, and develop a plan for them to transition through lodging accommodation so that they will succeed in their residency with us.

Individuals who are working in partnership with a support agency to address personal issues that have affected their ability to maintain stable accommodation in the past may find the supportive environment of Foundation Housing lodging a good environment to live in as they work towards recovery and independence.

It is important that individuals considering Foundation Housing Lodging Accommodation understand that it involves living as part of a community and that they will be sharing some facilities and be expected to observe house rules which include respecting staff and other residents at all times.

## Why are you asking for so much information before accommodation is even offered?

Foundation Housing aims to accommodate people in need as soon as possible.

Our EOI form helps us to gather all the information we will require from people prior to them being accepted for lodging, in one document. It also helps individuals avoid being asked the same questions by different people or having to attend multiple interviews to complete the process.

Should this expression of interest not be accepted, Foundation Housing will ensure confidential disposal of this form. Foundation Housing has a comprehensive Privacy Statement which is available from our website [foundationhousing.org.au/lodging-residents/info-sheets/policies](https://foundationhousing.org.au/lodging-residents/info-sheets/policies) at all of our offices and it can also be requested from our staff.

## Eligibility checklist

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### To be eligible you must:

- |   |                                     |
|---|-------------------------------------|
| Agree to commit to the conditions of Foundation Housing lodging.  | <input checked="" type="checkbox"/> |
| Have a regular source of income e.g. Centrelink payment, wages, which must not exceed \$1900 per fortnight. | <input checked="" type="checkbox"/> |
| Not own property or have your name on any titles  | <input checked="" type="checkbox"/> |
| Reside in Western Australia at the time of application and allocation.                                      | <input checked="" type="checkbox"/> |
| Be aged 24 years or over.   | <input checked="" type="checkbox"/> |

Does the client understand what a lodging house is and know what kind of living conditions to expect? Yes

Does the client understand they are not obliged to provide any information requested of them, but failure to do so may compromise the ability to assess eligibility or suitably accommodate them. Yes

OR

They are unsure and would like to discuss further with Foundation Housing staff. Yes

## Part 1

### Referral type

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Name of referring organisation \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Supporting Document Checklist:

- Photo ID
- CCER complete & signed (page 4)
- Signed Multiple Consent Authority form (page 7) or Income Statement
- Support plan (if required)

### Client details

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First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

#### Contact Details

Daytime phone \_\_\_\_\_ Mobile \_\_\_\_\_

Other contact \_\_\_\_\_

Email \_\_\_\_\_

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

### Next of kin or emergency contact

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First Name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

## Additional information

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Aboriginal or Torres Strait Islander? Yes  No

Country of birth? \_\_\_\_\_

Is English a second language? Yes  No

Interpreter required? Yes  No

If yes, what language? \_\_\_\_\_

Can the client read and write English? Yes  No

Does the client own a car? Yes  No

Does the client own a registered car that will require parking? Yes  No

## Support

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Foundation Housing works with support providers to offer people with disabilities and special needs the best opportunity to be successfully accommodated.

**Does the client have any disability, illness or special need that may affect their accommodation needs?**

Yes  No

If so, please detail \_\_\_\_\_

**Is the client currently working with a support service** (e.g. GP, mental health organisation, alcohol and other drugs supports, caseworker, counsellor, Public Trustee)? Yes  No

If yes, please state \_\_\_\_\_

## Housing history

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**Has the client previously lived in lodging / shared / boarding accommodation?** Yes  No

If yes, how did they manage in this type of accommodation? \_\_\_\_\_

If yes, why did they leave? \_\_\_\_\_

**Has the client ever previously been a Foundation Housing resident or tenant?** Yes  No

If yes, why did they leave? \_\_\_\_\_

# Current accommodation

Address \_\_\_\_\_

Type of accommodation \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Reason for wanting to leave \_\_\_\_\_

List the previous 3 places that the client has lived, starting from the most recent.

1	2	3
Address _____ _____ _____	Address _____ _____ _____	Address _____ _____ _____
Type of accommodation _____ _____	Type of accommodation _____ _____	Type of accommodation _____ _____
Length of stay _____	Length of stay _____	Length of stay _____
Reason for leaving _____ _____	Reason for leaving _____ _____	Reason for leaving _____ _____

**Is there anyone we can speak with to fully understand the client's accommodation history and what issues they may have experienced in the past?**

If so please provide a name and contact number for this person \_\_\_\_\_

To stay in a lodge the client must be able to live independently and also be willing to share some spaces with other residents of the lodge. This means being able to keep their room and communal areas like kitchens clean and tidy while also being able to care for themselves by preparing their own meals, doing their own cleaning and laundry and managing their own finances.

**Is the client confident with the following?**

- Room inspection process .....Yes  No  Not disclosed
- Understanding safety procedures and emergency responses  
(Fire alarms/evacuations).....Yes  No  Not disclosed
- Cleaning and washing (Room and shared areas/bedding and clothing).....Yes  No  Not disclosed
- Personal Hygiene (Showering/using communal bathrooms).....Yes  No  Not disclosed
- Meal preparation and clean-up using a communal kitchen.....Yes  No  Not disclosed
- Respecting rules about visitors.....Yes  No  Not disclosed
- Budget management/Debt repayment.....Yes  No  Not disclosed

**Are there any concerns or comments about the client being able to live independently and communally (e.g. mental health issues)?** Lodging house residents are required to respect other people at the lodge and contribute to a safe environment for all.

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## Income Details

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*Proof of income is required to assess eligibility. Resident's income must not exceed \$1900 per fortnight.*

**Income Type** (ie Wages, New Start, Pension etc) \_\_\_\_\_

**Benefit / Wages** (amount) \$ \_\_\_\_\_ **Next payment due** \_\_\_\_\_

**Proof of income provided** (last 4 payslips or Income Statement) **Yes**  **No**

Multiple Consent Form signed **Yes**  **No**  (See page 10)

**Does the client anticipate any financial changes occurring in the next 3 months?** \_\_\_\_\_

**Does the client have difficulty reporting to Centrelink and or their job network?** \_\_\_\_\_

Is the client a Public Trustee? \_\_\_\_\_ If yes, TM # \_\_\_\_\_

Contact number \_\_\_\_\_

**Does the client have a Guardian who acts on their behalf?** **Yes**  **No**

If yes, name \_\_\_\_\_

Contact number \_\_\_\_\_

## Health and Wellbeing

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The client does not have to answer these questions, however, providing this information helps us place them in the accommodation most suitable for their needs.

**Are there any health issues which impact where the client lives that we should be aware of** (e.g. can't use stairs due to limited mobility)? **Yes**  **No**  **Not disclosed**

If yes, please detail \_\_\_\_\_

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## Mental health

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Has the client been diagnosed with a mental illness? Yes  No  Not disclosed

If yes, please tick which conditions they experience.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anxiety           | <input type="checkbox"/> Depression      | <input type="checkbox"/> Post-traumatic stress disorder |
| <input type="checkbox"/> Schizophrenia     | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> ADHA              | <input type="checkbox"/> Self-harm       | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Learning disorder | <input type="checkbox"/> Bipolar         | <input type="checkbox"/> Other _____                    |

Does the client take medication to manage their mental health? \_\_\_\_\_

If yes, are there any side effects we need to be aware of? \_\_\_\_\_

Has their mental health caused them to be hospitalised in the past? \_\_\_\_\_

If their mental health is an ongoing issue, is there anything we need to be aware of (e.g. triggers or signals they are unwell)? \_\_\_\_\_

## Physical health

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Has the client been diagnosed with any physical health problems? Yes  No  Not disclosed

If yes, please tick which issues affect them:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Heart disease/ Stroke | <input type="checkbox"/> Mobility issues | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Cancer          | <input type="checkbox"/> Other _____ |

Are there any treatment plans in place? \_\_\_\_\_

Does the client take medication to manage their physical health? \_\_\_\_\_

If yes, are any side effects we need to be aware of? \_\_\_\_\_

Has the client's physical health caused them to be hospitalised in the past? \_\_\_\_\_

If yes, and it's an ongoing issue, is there anything we need to be aware of? \_\_\_\_\_

## Drug and alcohol use

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Has the client used any of the following in the last year? Yes  No  Not disclosed

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Alcohol            | <input type="checkbox"/> Amphetamines (please specify) _____ |                                      |
| <input type="checkbox"/> Synthetic Cannabis | <input type="checkbox"/> Pharmaceuticals (specify) _____     |                                      |
| <input type="checkbox"/> Heroin             | <input type="checkbox"/> Ecstasy                             | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Steroids           | <input type="checkbox"/> Inhalants                           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hallucinogens      | <input type="checkbox"/> Cannabis                            | <input type="checkbox"/> Other _____ |

When did they last use and why? \_\_\_\_\_

How often do they use? \_\_\_\_\_

How much do they use? \_\_\_\_\_

Has the client's use caused problems for them with interacting with other people or breaking the law? \_\_\_\_\_

If yes, do they plan to manage it going forward? \_\_\_\_\_

## Legal Issues

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Does the client have any pending court cases, restraining orders or convictions relating to assaults or violence? Yes  No  Not disclosed

If yes, please detail \_\_\_\_\_

Are there any current supervision orders? Yes  No  Not disclosed

If yes, who is the case manager and which office is managing it? \_\_\_\_\_

Has the client been convicted of any offences in the past five years? Yes  No  Not disclosed

If yes, please detail \_\_\_\_\_

How well does the client feel they manage conflict with other people? \_\_\_\_\_

Who does the client feel closely supported by? \_\_\_\_\_

What type of support does the client feel they receive from them? \_\_\_\_\_

Is the client receiving support to manage any of the areas ticked 'yes' in the above sections?

Yes  No  Not disclosed

If yes, please detail \_\_\_\_\_

# Support plan

Please provide a support plan to assist in sustaining the applicant's accommodation.

A comprehensive plan prepared by us is attached. Yes

Please complete every field.

Support Agency	Support worker name	Support worker contact	Support need/ area client being supported with (e.g. Alcohol Other Drugs, mental health, temporary physical ailment, long term illness management)	Type of support provided/ required
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Frequency of support (e.g. weekly every Tuesday, fortnightly, monthly, first Wednesday of month)	Duration of support	Objective of support	Potential consequence if support not provided or if not adhered to (Behaviour displayed by client)	Who is responsible for initiating support contact (client or support worker?)
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## Additional information

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# Providing Foundation Housing consent to collect, exchange and release information

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I \_\_\_\_\_ authorise Foundation Housing Limited to

*[please print your full name]*

request and obtain my personal information from the agencies named below and/or exchange my personal information with and between the agencies named below in order for Foundation Housing to assess my eligibility for accommodation and to provide assistance and support to sustain my accommodation.

Agency /Person	Consent Granted	Name of person/caseworker, Agency and contact numbers
Emergency contact		
Other Lodging houses and refuges		
Public trustees		
Support agency		
Accommodation Service/ Department of Communities		
Mental health service		
Doctor		
Centrelink		
Other		
Other		

*(Client to initial the consent granted box for the appropriate service)*

I understand that my consent will continue until I advise Foundation Housing in writing or verbally that I withdraw my consent.

Signed \_\_\_\_\_ Date ...../...../.....

# Providing Foundation Authorisation for multiple consent and authority

This section is to give us permission to deal directly with Centrelink for three separate things. You can give us permission for any combination of these things; you don't have to give permission for all of them.

Giving Foundation Housing authorisation for all three options means you won't have to deal directly with Centrelink about your rent. The most helpful option is the second one as this allows us to download your Centrelink statement so we can work out how much rent to charge you.

Further information about Centrelink deduction and conformation services is available from our website [www.foundationhousing.org.au/lodging-residents/info-sheets-policies](http://www.foundationhousing.org.au/lodging-residents/info-sheets-policies), at all of our offices and can also be requested from our staff.

Name \_\_\_\_\_

CRN \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must indicate each service you wish for consent to be applied.

1	<b>Electronic Verification of Rent (EVoR)</b>	I give my consent to Foundation Housing to provide my current and future accommodation information to the department for the reassessment of my eligibility for Commonwealth Rent Assistance.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	<b>Income Confirmation</b>	I give my consent to the department to electronically provide a statement of information to Foundation Housing to assist in the assessment of my entitlement of services from Foundation Housing. Information provided by the department may include, where relevant, current or historical details of payments received, dependants, deductions, income, assets and confirmation of my current address.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	<b>Centrepay</b>	I give my consent to Foundation Housing to advise the department: <ul style="list-style-type: none"> <li>• to change my existing Centrepay deduction, target amount or suspend the nominated deduction from time to time to ensure my housing payments are met, and</li> <li>• of my correct account or billing number if required.</li> </ul> I give my consent to the department to: <ul style="list-style-type: none"> <li>• provide information for the purpose of reconciling my payment deduction details.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand that this consent, once signed, is effective for the service/s indicated, and only for the period that I am a customer of Foundation Housing.

I also understand, that this consent which is ongoing, may be revoked by me, at any time, by giving notice in writing to Foundation Housing.

I understand that I can withdraw my consent for all indicated service/s by contacting Foundation Housing.

I understand that every time that Foundation Housing provides information to the department for EVoR and/or Centrepay, I will be advised.

I understand that Foundation Housing will maintain a record of my consent for 5 years.

I understand that if I withdraw part or all of this consent in relation to Electronic Verification of Rent that I will be responsible for notifying the Australian Government Department of Human Services of all future changes to my accommodation circumstances.

I understand that I will be able to obtain a written copy of the income statements the department provides to my housing organisation at any time from either the department or Foundation Housing.

Signed \_\_\_\_\_ Date ...../...../.....

For more information visit [humanservices.gov.au](http://humanservices.gov.au)