



Program Eligibility:	Has a tenancy (formathe tenancy at risk and / or Has a tenancy (formatequires support to a	ıl or informal) after	an episode o	of homelessnes	ss and		
Referrer Information:							
Name:		Organisation/Serv	vice:				
Phone:		Email:					
Client Information:							
Name:			DOB:	//_			
Identified Gender:		Cultural Identity:	:				
Disabilities:				Diagnosed:	Yes No		
Mental/Physical Illness:				Diagnosed:	Yes No		
Phone:		Email:					
Address:	Tow	/n:		Post Code:			
Relevant Relationships:							
Name	DOB	Ge	ender	Relationshi	p to Client		
	/	_/					
	/	/					
,	/	/					
Emergency Contact Inforr	nation:						
Name:		Relatio	onship:				
Address:	То	wn:		Post Code:			
Rest Contact:							

Detailed Information of	the Client's needs, goals and	d situation:					
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Risk Factors & Safety Co	oncerns:						
Existing Agencies/Servi		Namo					
Role & Service:		Role & Sei	rvice:				
Contact Details:		Contact Details:					
Client Consent to conta	ct existing agencies regardin	g information in	referral:				
Name:	Signature:		Date:	/	/		
Client Consent to be ref	ferred to Sustaining Tenancie	es Program:					
Name:	_	_	Date:	/	1		

Please send completed and signed referral to: Nick Krauksts, Team Leader – Sustaining Tenancies

nickk@sbctc.com.au

(07) 4162 7788 0429 811 084