



Tenant Support Program Referral Form

This document relates to the referral of persons to the Tenant Support Service of the Mental Health Association of Central Australia (MHACA).

Details of Person being referred			
Name:		Surname:	
Skin / other names:			
Date of birth: / /	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		
Nationality:		Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	
Address:			
Phone:			
Is an Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred language:		
Name of interpreter:		Agency:	

Next of Kin			
Name:		Relationship:	
Address:		Phone no:	
Any other pertinent information:			
Dependent Children: Please do not provide name		Age:	Gender:
Others living with you including family:			



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Referral Information			
Referred by:			
Agency:			
Contact phone no:		Date:	/ /
Email:			

Current Accommodation Status	
<input type="checkbox"/> Current public housing tenant	<input type="checkbox"/> Current private housing tenant
<input type="checkbox"/> Residing on town camp	<input type="checkbox"/> Residing on town camp
<input type="checkbox"/> On public housing waitlist	
<input type="checkbox"/> Homeless (explain): _____	
<input type="checkbox"/> Other: _____	

Physical & Mental Health History	
Diagnosed mental illness/es:	
Current mental health presentation:	
CAMHS Case Manager:	Psychiatrist:
Medical Practitioner:	Phone:
Name	Email:
Prescribed medication(s):	
Allergies:	
Pre-existing physical health problems:	
Co-existing mental health and drug and alcohol problems <i>(if applicable)</i> :	



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Relapse and Risk Indicators

Risk of relapse (please explain):

Self-harm (include results of suicide risk assessment) *if applicable*:

Physical violence / threatening behaviours (harm to others) *if applicable*:

Forensic History

Does the referred person have a criminal record? Yes No

Types of offences:

Inappropriate sexual behaviour: Yes No Don't know

Please explain:

Reason for referral
 Homeless At risk of homelessness
 Tenancy Support

Explanation

Reason for referral		Details or comments on reasons for referral
Managing home care	<input type="checkbox"/>	
Antisocial behaviour	<input type="checkbox"/>	
Signed Acceptable Behaviour Agreement	<input type="checkbox"/>	
Visitor management /overcrowding	<input type="checkbox"/>	
Domestic and family violence	<input type="checkbox"/>	
Relocation from remote to urban	<input type="checkbox"/>	



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Reason for referral	Details or comments on reasons for referral
Financial difficulties <input type="checkbox"/>	
Substance misuse <input type="checkbox"/>	
Inability to pass tenancy inspection <input type="checkbox"/>	
Risk of eviction or homelessness <input type="checkbox"/>	
Family and or community support assistance <input type="checkbox"/>	
Tenancy advice and support <input type="checkbox"/>	
Unable to provide a tenancy reference <input type="checkbox"/>	
Pending public housing allocation <input type="checkbox"/>	
Other reason for referral:	

Immediate Support Needs: _____

Comments from case manager: _____

Client Declaration	
I consent to my personal information included in this referral being shared with MHACA Tenancy Support Worker in order for a service to be made available to me.	
Client Name:	Date
Client Signature	



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Referrer Declaration

Type of referral / person lodging referral:

- Self-Referral Case Manager Family Member Significant Other
- Service Provider Other (*please indicate*):

I declare that all the information given by myself in this document is accurate to the best of my knowledge. I have made every reasonable effort to obtain information from other organisations and I have not withheld any information from MHACA.

Signature: _____

Date: / /

Designation: _____

For any further queries please contact MHACA's Tenancy Support Staff:

Tenancy Support Worker
14 Lindsay Ave, Alice Springs NT 0870
Ph: (08) 8950 4600 Fax: (08) 8952 1574
email: _____

OFFICE USE ONLY

Date accepted: / /

Referred elsewhere: _____

Appointment date: / /

Appointment attended: Yes No

Further action: _____

Approved by: _____

MHACA Tenancy Support Officer