



# LADDER ST VINCENT STREET REFERRAL FORM

(Self Referral)



Date of Referral: \_\_\_/\_\_\_/\_\_\_

## SECTION 1 – YOUR DETAILS

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_

Housing SA Client Number: \_\_\_\_\_ Male  Female

Phone Number: \_\_\_\_\_

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

Cultural Ethnicity: \_\_\_\_\_

Main Language Spoken: \_\_\_\_\_ Other Languages Spoken: \_\_\_\_\_

have you been assessed by Housing SA for eligibility for Category 1, Category 2 or Direct Lease?

YES  NO

*\*If 'NO', Ladder SVS strongly encourages you to make an appointment with any Housing SA office for this assessment*

*\*If 'YES' was your application approved?* YES  NO

If 'NO' Ladder SVS strongly encourages you to update your details with Housing SA if your circumstances have changed

Are you currently attending an educational / training program: YES  NO

If YES, Please Identify:

Name of Educational / Training Institution: \_\_\_\_\_

(ie: TAFE, UNISA, Hamilton High School)

Name of Course Currently Enrolled in: \_\_\_\_\_

(ie: Year 11, TAFE Course)

If No, Please Identify:

Age when you left school: \_\_\_\_\_ School year level you achieved: \_\_\_\_\_

Do you have an interest in attending schooling, training or educational program:

YES  NO

Are you currently employed: YES  NO

If Yes, Please Identify:

Name of your Employer: \_\_\_\_\_



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## SECTION 2 - REFERRER DETAILS

Did anyone help you fill out this form?

YES

NO

Name of person that helped you filling out this form: \_\_\_\_\_

What is their relationship to you:

(ie: mother, brother, friend, support worker)

\_\_\_\_\_

## SECTION 3 – SUPPORT AGENCIES

Are you being supported by any other services involved?

YES

NO

Name Of Support Agency:

Contact Person:

Contact Number:

Brief Description of Support Provided:

Name Of Support Agency:

Contact Person:

Contact Number:

Brief Description of Support Provided:

Name Of Support Agency:

Contact Person:

Contact Number:

Brief Description of Support Provides:

Name Of Support Agency:

Contact Person:

Contact Number:

Brief Description of Support Provides:



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## SECTION 4 – YOUR PERSONS DETAILS

*Please briefly comment on each of the following:*

Your Housing History / Current Needs:

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Your Educational / Training / Employment History & Current Needs:

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Your Independent Living Skills Strengths and Needs:

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Your Current Health and Wellbeing:

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Your Family & Social Relationships:

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Your Identity (ie family connections, cultural ties, personal identity):

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Do you have any legal issues (past/present) please describe:

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Your Personal Strengths / Interests:

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## SECTION 5 – FURTHER COMMENTS

Are there any further comments that you would like to add about yourself:

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*The information provided in the referral application is true and accurate and I consent to the information being shared between Housing SA Port Adelaide and Ladder St Vincent Street.*

Signature of Young person: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person that helped in filling out this form: \_\_\_\_\_ (if applicable)

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ONCE COMPLETE, PLEASE FORWARD THIS REFERRAL FORM TO:

**LADDER SVS  
PO BOX 3166  
Port Adelaide  
SA 5015**

FAX NUMBER: **8447 3584**