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| **Personal Details:** | | | |
| Name: |  | Date of referral: |  |
| Date of Birth: |  | Age: |  |
| Gender: |  | Contact Number: |  |
| Income – Source & Amount (Per Fortnight): |  | Cultural Identity/Ethnicity: |  |
| Preferred Language: |  | Other Language: |  |
| Do you identify as Aboriginal or Torres Strait Islander? | |  | |

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| **Support:** | | | |
| Did anyone assist you to fill out this form?  Yes  No | | Do you currently have another agency supporting you? Yes  No | |
| Name: |  | Name: |  |
| Organisation: |  | Organisation: |  |
| Contact Number: |  | Contact Number: |  |
| Contact Email: |  | Contact Email: |  |

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| **Housing:** | |
| Last permanent address: |  |
| Please provide a brief history of the your housing situation over the past 3 years including current housing situation: |  |
| How long have you been experiencing homelessness? | 3 Months  6 Months  12 Months Over 12 Months |
| Housing SA Client ID Number:  (If applicable) |  |
| Have you been under the Guardianship of the Minister, if so please provide details: |  |

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| **Education, Training and Employment:** | | | |
| Are you currently engaged in any form of education, training or employment?  Yes  No | | | |
| Complete this section if YES | | Complete this section if NO | |
| Name of current school: |  | What school did you attend? |  |
| Current year level: |  | Age when you left school: |  |
| University/TAFE/Course: |  | Year level you achieved: |  |
| Name of Employer: |  | Do you have an interest in attending school, training or other education? |  |
| Hours per week that you work: |  | Do you have an interest in gaining employment? |  |
| Please outline brief history of your education, training and employment (certificates obtained, past employment etc.) | | | |
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| If Foyer could support you to achieve any particular Education, Training and Employment goals, what would these be? | | | |
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| **Independent Living Skills** | | | | | |
| Do you feel confident managing your own rental property?   * Not confident * A little confident * Moderately confident * Very confident * Extremely confident | | How often do you cook your own meals?   * Never * Rarely * Sometimes * More often than not * Always | | Are you able to budget for regular bills and unexpected emergencies:   * Never * Rarely * Sometimes * More often than not * Always | |
| What is your favourite meal to cook? | |  | | | |
| What weekly tasks do you associate with living independently: | |  | | | |
| Do you have a drivers licence? | Yes No | | Do you own a vehicle? | | Yes No |

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| **Health and Wellbeing** | | | | | | |
| Physical Health | | | | Mental Health | | |
| How would you describe your current physical health?   * Terrible * Poor * Okay * Really good * Fantastic | Are you a member of a gym or sporting group? If so please comment below: | | | How would you describe your current mental health/wellbeing?   * Terrible * Poor * Okay * Really good * Fantastic | | What methods do you use to deal with stress and to calm yourself down when feeling anxious or angry? |
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| Do you receive support for any health issues?  Yes No | If yes, please provide details of health support agency | | | | | |
| Name: | |  | | | |
| Agency: | |  | | | |
| Contact Number & Email: | |  | | | |
| Do you identify as having a disability?  - Yes  - No | | | If yes, please comment: | | | |
| **Foyer Community & Programs** | | | | | | |
| Which one of these options describes your motivation to get involved in the weekly Ladder Development Program group sessions?  - Not interested at all  - I’d consider it  - I would like to get involved  - I can’t wait to get started! | |  | | | Which option describes your interest in being involved in regular Health and Wellbeing sessions?  - No thanks  - I’d think about it, but unlikely  - I’d consider it  - More than likely  - Sign me up now! | |
| What projects are you interested in being involved with while at Foyer? (E.g. building, sports, book clubs, leadership groups, gardening, etc.) | |  | | | | |
| Please describe your connection with your current community. (E.g. Family and social relationships) | |  | | | | |

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| **Drugs, Alcohol and Legal** | | |
| Do you use Drugs and/or Alcohol?  If yes, please provide more information | | Do you have any legal issues?  If so, do you require support? |
| * Never * Socially * Monthly * Weekly * Daily |  |  |
| Please outline any past history in regards to drugs, alcohol and/or legal issues | | |

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| **More about you….** | |
| What are you passionate about? |  |
| How would your friends describe you? |  |
| If Foyer could help you achieve anything what would it be? |  |
| What are your values? |  |

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| **Declaration** |
| 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 Foyer.  Signature of Young Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of person that helped fill in this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (If applicable) |
| **Foyer Port Adelaide**  1 Marryatt Street, Port Adelaide  PO Box 3166, Port Adelaide 5015  [FoyerReferrals@sjys.com.au](mailto:FoyerReferrals@sjys.com.au)  Phone: 8447 1090  Fax: 84473584 |