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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.) |
|       |
| 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 AdelaidePO Box 3166, Port Adelaide 5015FoyerReferrals@sjys.com.au Phone: 8447 1090Fax: 84473584 |