

HOUSING

1. Have you identified a need for the client in this area (housing)?


Please tick one box only

- Yes Go to question 2 on next page
No Go to question 2 on next page
Unable to assess Go to question 2 on next page

1a. Please identify the circumstances that apply to this client

Tick all that apply

- | | | | |
|---|--------------------------|---|--------------------------|
| Currently homeless | <input type="checkbox"/> | Shared housing/overcrowding | <input type="checkbox"/> |
| At risk of homelessness | <input type="checkbox"/> | Blacklisting by private rental market | <input type="checkbox"/> |
| History of homelessness | <input type="checkbox"/> | Discrimination in private rental market | <input type="checkbox"/> |
| Poor housing record | <input type="checkbox"/> | Exiting from prison/juvenile detention centre | <input type="checkbox"/> |
| Multiple housing moves in last 2 years | <input type="checkbox"/> | Exiting from other institutions | <input type="checkbox"/> |
| Restricted access to housing due to age (ie. < 18yrs) | <input type="checkbox"/> | | |
| Unsafe housing | <input type="checkbox"/> | | |
| Other (please specify): _____ | | | |


Refer to the housing section of the guidelines for further explanation.

1b. What level of support is required to meet the client's need in this area?

Please tick one box only

- Low Medium High

1c. Can the support needs of the client in this area (housing) be met by your agency ?

Please tick one box only

- Yes Go to question 2 on next page
No Go to question 1d below
To some extent Go to question 1d below

1d. Will you refer (or have you referred) this client to other service(s)?

Please tick one box only

- Yes Go to question 1e below
No Go to question 1e below

1e. Are there any barriers to accessing these referral services?

Tick all that apply

- No, no barriers
- Yes, no relevant service(s) exist in local area
- Yes, cannot access service(s) due to cost
- Yes, cannot access service(s) due to waiting list
- Yes, client does not want to access the service(s)
- Other (please specify): _____
- _____
- _____

Go to question 2 on next page