

Housing Application Form

Date: _____

Client Details

Title:	
Given Name/s:	Surname:
Gender:	Date of Birth:
Referral:	Primary Tenant: YES / NO
Address:	
Town / Suburb:	State:
Postcode:	Email:
Mobile Phone:	Marital Status:
Disability:	Employment:
Emergency Contact:	Emergency Contact Number:
Emergency Contact Relationship:	
Centrelink CRN:	

Demographic and History

Country Born:	Language Spoken:
Australian Resident: YES / NO	
Aboriginal / Torres Strait Islander / South Sea Islander (please circle)	
Current Living Situation: (please circle)	
House / Unit / Caravan / Granny Flat / Share Accommodation / Crisis Accommodation / Homeless	
History of AOD / Psych Issues?	
Currently receiving treatment?	
Other details (i.e. case worker, hospital for treatment etc.):	

Service Details

Date of enlistment:		Date of discharge:	
DVA Number:			
Service Number / PMKeys:		Proof of service provided?	YES / NO
Gold Card Holder:	YES / NO	NLHC white card:	YES / NO

Details of Spouse / Children

Name	Date of Birth	Relationship	Living at home?

Financial Statement

INCOME & BENEFITS		
	VEIERAN	SPO USE/ PARTNER
Salary (Gross)	\$.....	\$.....
Centrelink Pensions		
Aged Pension	\$..... per	\$..... per
Parenting Payment	\$..... per	\$..... per
Family Tax A & B	\$..... per	\$..... per
Energy Supplement	\$..... per	\$..... per
Pension Supplement	\$..... per	\$..... per
Abstudy / Austudy	\$..... per	\$..... per
Disability / Sickness	\$..... per	\$..... per
Youth Allowance	\$..... per	\$..... per
Newstart	\$..... per	\$..... per
DVA Pensions		
TPI / EDA	\$..... per	\$..... per
Disability	\$..... per	\$..... per
War Widow	\$..... per	\$..... per
Other		
Child Maintenance	\$..... per	\$..... per
Superannuation	\$..... per	\$..... per

Informed Consent and Agreement

CLIENT RIGHTS AND INFORMATION - PLEASE READ AND SIGN

Purpose

Veteran Housing Australia (VHA) assists Veterans seeking support to improve their circumstances and quality of their lives. We can provide assistance during times of financial distress or crisis and facilitate access to appropriate community or veteran services to improve your wellbeing and that of your family. However, we need your help to help us, help you.

Office Hours

Our office hours:

9 AM to 4 PM Tuesday, Wednesday and Thursdays.

If there is a **life threatening emergency** contact **000**, or alternatively;

Open Arms Counselling Service 1800 011 046: or

Life Line 13 11 14.

Appointments

VHA may request clients to attend appointments at our head office or with other service providers who may assist them. In some circumstances where VHA staff feel it is appropriate, clients may be requested to attend an appointment with an Allied Health or service professional before assistance is provided by VHA. Clients may also be required to attend appointments as a requirement of future engagement or support by VHA.

Confidentiality

VHA need to collect information about you for the primary purpose of providing a service to you. In order to thoroughly assess your circumstances and provide welfare assistance, we need to collect some personal information from you. If you do not provide this information; we may be unable to assist you. This information can be used for:

- a. If you seriously threaten to harm yourself or another individual, we must inform and request assistance from emergency services such as Ambulance Victoria or the Police.
- b. The administrative purposes of the organisation;
- c. Compliance with the organisations charitable obligations and those of Government agencies;
- d. Disclosure of information to health professionals (where required), like-minded veteran and ex-service organisations or community organisations to facilitate the best possible care or support for you;
- e. Disclosure of information to Government bodies (where appropriate) such as Centrelink, Department of Veterans Affairs or the Australian Defence Force (where service records are requested).

We do not disclose your personal information to overseas recipients.

VHA has a Privacy Policy that is available on request. That policy provides guidelines on the collection, use, disclosure and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we will deal with such a complaint.

To ensure the quality of service provision, information about your application, case or needs and progress may be given to relevant other service providers, who are involved in your management.

Social Networking

Staff do not accept friend requests from current or former clients on social network sites, such as Facebook, etc.

Records and Your Right to Review Them

The law requires that we keep treatment records for at least 7 years. If you have concerns regarding your records, please discuss them with the Director of Welfare. As a client, you have the right to review or receive a summary of your records at any time.

Case Management Plans

Within a reasonable period of time after the initial engagement, a Welfare Officer or staff member of VHA or Carry On Victoria will discuss with you our understanding of any issues, a management plan, objectives and avenues to best achieve outcomes. If you have any unanswered questions about the plan, please ask until you fully understand what is planned for you. We will establish goals for your engagement.

Termination of Services or Support

As outlined above, after the first couple of meetings, we will assess if VHA can be of benefit to you. We do not work with clients who, in our opinion, we cannot help. In such a case, if appropriate, staff will give you referrals to organisations you can contact.

If at any point during our engagement, we believe our assistance or management plan is ineffective in helping you reach the best possible scenario of long term wellbeing and independence, or perceive you as non-compliant or non-responsive, and if it is possible and appropriate to do, we will discuss with you, the termination of VHA's engagement and conduct pre-termination meetings. In such a case, if appropriate and/or necessary, we may give a referral that may be of help to you.

At any time, you have the right to discontinue your engagement with VHA.

Centrelink eServices

Centrelink Confirmation eServices (CCeS) is an online service. It lets VHA confirm your eligibility for housing services. It does this by getting information directly from Services Australia.

CCeS has strict privacy and security standards. You must give VHA your consent before we can get information about you from Services Australia.

You can give consent by signing the 'Consent to use Centrelink Confirmation eServices' in this form. You must also select the confirmation services you wish to register for:

- income confirmation
- customer confirmation
- or both.

For further information about this form visit Services Australia

<https://www.servicesaustralia.gov.au/centrelink-confirmation-eservices-cces>

Proof of Income

In order to qualify for Veteran Housing Australia's housing, you need to supply evidence of your income which you listed above.

Please send us through the following:

- 3 months' worth of bank statements
- Centrelink income statement (if applicable)
- DVA income statement (if applicable)

100 Points of Identification

We will accept original documents or copies of original documents. Examples of the types of documents we need are listed in Table 1: Primary proof of identity documents and Table 2: Secondary proof of identity documents.

Please make sure:

- The documents you give add up to **at least 100 points**
- One of your proof of identity documents is from Table 1: Primary proof of identity documents and shows your photograph and signature
- The rest of your documents can come from Table 1: Primary proof of identity documents or Table 2: Secondary proof of identity documents. You can only use a document once
- Your name is the same on all of the documents you give us. If your name is different, you must give us a change of name certificate
- Your documents are current. We do not accept expired documents except an Australian Passport that has expired in the last 3 years.
- If you do not have 100 points of identification, contact your local office. They may be able to help you in special circumstances.

Table 1: Primary proof of identity documents

70	Australian birth certificate	70	Foreign Passport (current only)
70	Australian citizenship certificate	70	Shooter or firearm licence
70	Australian residency status certificate	40	Australian driver's licence
70	Australian visa	40	Australian working with children check card
70	Certificate of Evidence of Resident Status (CERS) issued by the Department of Immigration and Border Protection	70	Document of identity (DOI) issued by the Department of Foreign Affairs and Trade
70	Certificate of Identity (COI) issued by the Australian Passport Office	70	Australian Passport (current or up to 3 years from the expiry date)

Table 2: Secondary proof of identity documents

70	Australian Defence Force discharge papers	40	Intervention order
40	Australian Defence Force identity card	25	Australian driver learner permit
40	Australian divorce papers (Decree nisi, Decree absolute)	25	Change of name certificate issued by a registry of births, deaths and marriages of an Australian state or territory
40	Centrelink card (containing a reference number)	25	Council rates notice
40	Child's birth certificate with your name as parent/guardian	25	Credit or account card, statement or passbook for a current account issued by an Australian bank, credit union or building society
40	Department of Veterans' Affairs gold card	25	Electoral enrolment for current address
25	Marriage certificate issued by an Australian state or territory government agency (not church or celebrant issued certificates)	25	Motor vehicle registration
25	Medicare card	25	PAYG payment summary with tax file number
25	Private health insurance card	25	Proof of age card issued by an Australian government agency

Total must be at least 100 points

CONSENT FOR SERVICES

I, the undersigned voluntarily agree to participate in Veteran Housing Australia's services. I understand that any information obtained will be held in confidence with the exception of legal requirements for disclosing relevant information. I understand that I can authorize release of information by completing a written consent form. I have the right to terminate the engagement. I understand that the more proactive I am, the more effective Veteran Housing Australia's Services will be.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE AND AGREE TO THESE CONDITIONS.

- ☐ I have included my service history
- ☐ I have included my 100 points of identity (*see previous page*)
- ☐ I have included my proof of income (*see previous page*)

Client Name: _____

Client Signature: _____ Date: _____

CENTRELINK ESERVICES CONFIRMATION (if applicable)

I authorise Services Australia to provide Veteran Housing Australia with the results of the enquiries I have indicated on this form to enable Veteran Housing Australia to determine if I qualify for social housing services.

I understand that the information provided by Services Australia to the department may contain the following:

- income confirmation: personal information such as (but not limited to) current or historical details of Centrelink payments received, dependents, marital or partnered status, Centrelink deductions, income from sources other than Centrelink and assets
- customer confirmation: current address and address history (up to two years), which the department may use to support an application for priority housing.

I authorise Veteran Housing Australia to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink income, assets, and payment details.

I understand this consent, once signed, remains valid while I am a customer of Veteran Housing Australia unless I revoke it by contacting the department or Services Australia.

I understand that if I withdraw consent or do not alternatively provide proof of circumstances or details, I may not be eligible for services provided by Veteran Housing Australia.

Client Name: _____

Client Signature: _____ Date: _____