



Victorian Aboriginal Community Services Association Ltd.

Please note: Information gathered for the purpose of this referral form should occur in the presence of and in consultation with Aboriginal and/or Torres Strait Islander client.

APRAP Referral Form

We prioritise our referrals according to needs, risk and urgency. **We require the information requested on the referral form to be completed thoroughly by the referring worker.**

Currently residing in the following LGAs: (Circle as appropriate)	
North East Metro:	City of Yarra, Darebin, Banyule, Nillumbik and Whittlesea
Referring Agency:	
Referring Worker:	
Telephone:	
Email:	
Date of Referral:	

Client name:	
Current client address:	
Mailing address (if different from above)	
Client contact number(s):	
Date of Birth:	
Next of Kin:	
Relationship to client:	
Next of kin address/phone	
Does the applicant identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Aboriginal / <input type="checkbox"/> Torres Strait Islander / <input type="checkbox"/> Both / <input type="checkbox"/> Neither
Clan Group:	
Country/region from:	
Religion:	

We want to provide a safe place for people of diverse genders and sexual identities. We ask everyone about their gender and sexual identity. You do not have to give this information to us, but you are welcome to discuss your gender and sexual identity with us at any time.

What is your gender?	
What is your sexual identity?	
What pronouns do you use?	
Do you have an intersex variation?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Other Information:

Full Names:	Relation to the applicant	DOB	Gender	Income Type

I, (the applicant) _____

give permission for the above information to be provided to the VACSAL Aboriginal Private Rental Assistance Program for the purpose of referral only.

Signed: _____ Date: _____

OR

I, (the referrer) _____

have obtained verbal consent from my client as above

Referring worker: _____ Date: _____

Key Eligibility Criteria

<p>Applicant income: (Indicate type of Centrelink benefit or employment & weekly income)</p>	<p>Weekly income: \$</p> <p>Type:</p> <p><input type="checkbox"/> Attach copy of income statement</p>
<p>Applicant ID (Indicate type) Note: 100 points of identification is required to apply for Private Rental</p>	<p>Drivers Licence/Key Pass/Passport/Medicare Card/Health Card/ Other:</p> <p><input type="checkbox"/> Attach copy of 100 points of identification</p>
<p>Current housing situation</p> <p>Reason for leaving current property</p>	

Assessment of Needs

<p>Reason for referral to APRAP.</p> <p>What assistance is required?</p> <p>Main barriers?</p>	
<p>Number of applications made by client so far</p>	
<p>Accommodation history – previous rental and any eviction notices or VCAT hearings</p>	

Has there been a bond loss – details	
Has applicant been blacklisted?	
Are there any existing debts?	

Property Requirements

Property type ie unit/apartment/house	
Minimum # bedrooms	
Preferred property locations	1. 2. 3.
Open to looking at properties in other areas if needed? Where?	
Does the applicant have a car?	
Does the applicant have a pet?	
Any other requirements? Any difficulty with stairs or property modifications?	
Is a referral to a support service to establish or sustain tenancy required?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, please discuss with Tenancy broker.

Please send referral to:
brentg@vacsal.org.au