

Referral Form

Providing all information requested in this referral document will enable an assessment of eligibility for the Horizon House Program.

This application form is to help us get to know you. It is designed to focus on your strengths, your interests and the areas that our program can offer you support.

Horizon House provides a residential program for young people aged 16-22 years who are homeless or at risk of becoming homeless who express:

- A willingness to actively engage with the Horizon House program;
- A capacity to live in shared accommodation;
- A willingness to engage in Education and Training;
- No current significant issues with alcohol and/or substance abuse.

Horizon House offers supported community based living over a graduated three tier program.

At Horizon House, young people receive:

- Stable accommodation in a safe environment;
- An individualised plan for achieving their goals;
- A strengths-based approach to linking them with their local community;
- Support to maintain employment, education and/or training;
- Assistance to develop independent living skills;
- Support in securing an ongoing, long-term housing option and a rental reference.

Comprehensive support is provided by:

- The Horizon House Support Coordinator who supports the young person to achieve their goals;
- Youth Support Workers who support young people in their independent living skills;
- Support from other relevant Community Service providers.

Horizon House Referral Form

Please send referrals to horizonhouse@sjog.org.au

Young Person Details

Name		Date of Referral	
DOB		Contact Number	
Gender		Income Source	
Income Amount		Next Pay Day	
Language		Country of Birth	
Email Address			

How did you hear about Horizon House? _____

Referred by: Self Family Agency Other

Do you identify yourself as Aboriginal or Torres Strait Islander?

- Aboriginal
 Torres Strait Islander
 Both
 Neither

How would you describe your current residency status?

- Australian
 Permanent Resident
 Temporary Resident (please explain) _____
 Other (please explain) _____

How long have you lived in Western Australia / Victoria?

Desired Horizon House Area: _____

Did anyone support you in filling this form out?

- Yes
 No

Name: _____

Organisation: _____

Contact Details: _____

Please provide details of any accompanying children:

Name	DOB	Gender	Relationship to you

Current Housing Situation

Please tell us about your current housing situation? Where are you living? How long have you been there? Why do you need to leave?

Have you lived in any other Accommodation Services? Yes No

Accommodation Service	Length of Stay	Reason for Leaving

Education and Training:

If you are currently enrolled or attending education or training please provide the following details:

School or Institution you are attending or enrolled at: _____

Course Title: _____

Commencement Date: _____

Length of Course/School Year: _____

Employment:

Are you currently employed? Yes No

If yes, please answer the below –

Job Title: _____

Place of Employment: _____

Hours per week that you work: _____

Date started: _____

Who is your Jobactive provider? _____

How often do you meet with your employment consultant? _____

Community Engagement:

Can you please describe the community activity that you are involved in?

E.g. sport, clubs, community groups, etc.

Can you please describe an activity that you would like to get involved in?

Goals:

What would you like to achieve in –

Time Frame	Your Goal
1 month	
2 months	
3 months	

What support would you want to achieve this?

Independent Living:

How confident do you feel about being able to live in close proximity to others?

- Extremely confident
- Very confident
- Moderately confident
- A little confident
- Not confident

Support Needs

Have you had any difficulties (past or present) in managing any of the following –

- | | | | |
|-------------------------|-------------------------------|----------------------------------|--------------------------------|
| Drug and/or alcohol use | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Self-harm | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Suicidal ideations | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Aggression | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |

- | | | | |
|---|-------------------------------|----------------------------------|--------------------------------|
| Fire lighting | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Leaving for days and not telling anyone | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Involvement with the police/courts | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |

Please tell us if there is anything you would like additional support with:

Mental and Emotional Wellbeing

Have you had any concerns around your mental health?

- Yes
 No

If yes, please tell us a bit more about this:

Have you ever been diagnosed with a mental health issue?

- Yes
 No

If yes, please tell us what the diagnosis was and who made the assessment:

Do you have a mental health worker? Can you please provide the contact details of who your worker is and how frequently you have appointments?

Health

Please tell us about any physical health concerns you may have:

Do you have a disability? If so, what are your support needs?

Do you have any mobility access requirements?

Yes

No

Do you smoke tobacco? If yes, how many a day?

Drugs and Alcohol

Do you use drugs and/or alcohol?

Yes (please describe what type, how often, etc.)

No

Have you used drugs and/or alcohol in the past?

Yes (please describe what type, how long ago, how often, etc.)

No

Legal

Do you currently have any legal matters that you are dealing with?

Yes (please tell us a bit more below)

No

Do you require any legal support?

Yes

No

Do you have a Community Youth Justice or Corrections worker?

Justice/Corrections Worker: _____

Contact Details: _____

** Please attach a copy of any current bail conditions, orders, etc.

Conclusion

Is there anything else you would like to add in your application?

References

Support Worker/Employment/Education/Personal

These will be checked prior to any young person being approved for Horizon House.

Reference 1

Name: _____

Contact Number: _____

Relationship: _____

Email Address: _____

Reference 2

Name: _____

Contact Number: _____

Relationship: _____

Email Address: _____

CONSENT TO REFERRAL

The **Horizon House** Referral form collects information to assist **Horizon House** staff to help young people get access to the services they need as quickly as possible.

All information will be treated confidentially and will not be used for any other purposes than what is stated on our confidentiality statement and consent form.

- I am aware that this referral is being made. I understand that I can withdraw from this referral or from the referred service at any time.
- I give my permission for the **Horizon House Support Coordinator**, or any **Horizon House staff member** acting on their behalf to contact my previously mentioned references for the purposes of my application to live within **Horizon House**. The signed permission will be located on my file.

Signed	Print Name	Date
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If the young person is under 16 years of age, authorisation should (where possible) also be provided by a parent/guardian/carer.

Signed	Print Name	Date
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