Horizon House referral form

Service goal: To provide young people at risk of homelessness with safe, stable accommodation where they can learn to build independence through a strengths based, person centred approach.
Please send referrals to horizonhouse@sjog.org.au

Eligibility and suitability requirements (please tick all that apply):

- ☐ Aged 16-22 currently experiencing or at risk of homelessness.
- ☐ Engaged, or committed to engaging within eight weeks of entry, in a daily activity program such as education, employment or other skill development
- ☐ Capacity to engage with Support Coordinator and Youth Residential Caregivers to work towards personal goals and build independent living skills.
- ☐ Be in receipt of a Centrelink allowance or other wage payment to contribute towards subsidised rent.
- ☐ Are identified as low risk for aggression, suicidality or self-harm.
- ☐ Not have engaged in significant substance misuse for >3 months.

Young parents only:

- ☐ 12 weeks+ pregnant **or** are a primary carer of one child less than 12 months old.
- ☐ Aged 16 – 25 currently experiencing or at risk of homelessness

*For young parents - West Leederville ONLY

With the above eligibility in mind, why do you believe this young person is a good fit for Horizon House?

Referring worker details

Organisation name:

Worker's name:

Worker position/title:

Phone:

Email:

Young person's details

Legal name:

Preferred name:

Date of Birth:

Age:

Phone number:

Aboriginal and/or Torres Strait Islander:

Gender (you may enter more than one):

Transgender or gender diverse:

Pronouns:

Disability (give details):

Cultural background:

Country of birth:

Main language spoken:

Interpreter required?

Residency status:

Religion:

Are there any considerations or access needs you would like us to consider to assist the referral process? These could be in relation to culture, religion, parenting status, experiences of trauma, disability needs or a variety of other things:

What is the young person's preferred long-term housing goal?

Young Parent and Baby Program only

Is the young person pregnant?

If yes, please provide estimated due date

Does the young person have any other children?

If yes please provide details on name, date of birth and who cares for the children below:

Name	D.O.B	Carer

Does the young person have any involvement with Department of Families, Fairness and Housing (Vic) or Department of Communities (WA)?

If yes, please give details:

Preferred location

Western Australia:

☐ Broome

☐ Bunbury

☐ Geraldton

☐ Young parents (Dianella)

☐ Young parents (West Leederville)

☐ Perth - north (Wanneroo)

☐ Perth - south (Wilson)

Victoria:

☐ Ballarat

☐ Bendigo

☐ East Geelong

☐ Geelong

☐ Young parents (Eaglehawk)

☐ Warrnambool

Reason for referral

Why does the young person want to be referred to Horizon House?

Young person's strengths

What is going well, what do they feel they are good at, what are their likes?

Income/employment history

Income type (e.g. Centrelink type or wages):

Approximate fortnightly income:

Is the young person currently employed? ☐ Yes ☐ No

If yes, please provide further detail (employer, length of employment, casual/part-time etc):

If no, is the young person actively seeking employment (please explain)?

Previous employment history (if applicable):

Does the young person have any savings or a savings plan?

Education and training

Is the young person engaged in education or training? ☐ Yes ☐ No

If yes, please provide further detail (provider, type, current level/grade, attendance, and motivation etc):

If no, are they planning on it?

Any previous education and training:

Living skills

How does the young person respond to and resolve conflict?

Please describe the young person's capacity to regulate their emotions? What support do they need to help regulate?

Please describe the young person's ability to problem solve? What steps does the young person take?

Please describe the young person's engagement style (with services)?

How well can the young person do the following (please use the checkboxes):

	Good	Needs support	Needs significant support	Further comment (please provide a brief comment/example for each category that has been marked as needs support or needs significant support)
Budgeting	☐	☐	☐	
Paying bills on time	☐	☐	☐	
Shopping for food	☐	☐	☐	
Use of public transport	☐	☐	☐	
Hygiene/self care	☐	☐	☐	
Food management	☐	☐	☐	
Housekeeping	☐	☐	☐	
Social skills	☐	☐	☐	
Capacity to self-protect	☐	☐	☐	
Making/attending appointments	☐	☐	☐	

Physical health

Does the young person have any physical health concerns? (including allergies, illnesses, and specific disabilities, diagnosed or undiagnosed):

(If so, detail the treatment and/or supports that are in place):

Mental health

Does the young person have any mental health concerns? (include current or previous concerns, diagnosed or undiagnosed):

Any history of suicidal ideation or behaviour (please give details):

Any self-harm or risk taking behaviour (please give details)?

Please detail any mental health treatment and/ or supports in place:

Substance use

What is the young person's relationship with substance use? Please detail any current and/or past experiences, including substance type, length and frequency of use and any treatment/supports that are in place:

Support network

Has the young person ever stayed at any other accommodation service? Yes ☐ No ☐

Accommodation service	Length of stay	Reason for leaving

Please outline the young person's current supports below (support worker/employment/education).

Agency/support person	Contact details	Period engaged	Support provided	Ref
				☐
				☐
				☐
				☐

Please provide at least two referees that we can contact either by checking the 'ref' boxes above or entering alternative details below:

Name	Contact details	Relationship to young person

Summary

What support do you think the young person would require to help them live independently with minimal supervision?

Is there anything else you would like to add?

Young person's consent

I acknowledge the information provided is true and correct.
I agree that Horizon House may contact my service providers to gather additional information to assist with my referral if needed.
I consent to this referral being submitted for consideration for the Horizon House Program.
(Please note that a referral cannot be accepted without the young person's consent).

The St John of God Health Care Privacy Brochure outlines how St John of God Health Care collects, obtains, holds, uses and discloses your personal information in accordance with St John of God Health Care's (Public Facing) Privacy Policy. A copy of our Privacy Brochure can be provided to you on request. Alternatively, you can view the full policy at **sjog.org.au/privacy**

I consent to St John of God Health Care collecting, obtaining, using and disclosing my personal information in accordance with the St John of God Health Care Privacy Policy.

Yes ☐ No ☐

Name: Signature: Date:

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