Horizon House self-referral form

This form is for **self-referrals only**. If you have contact with an agency or worker that can help you with your referral, please use the agency referral form.

If you don't have a worker to help you – this form gives us some basic information about you, please fill out as much as you can. One of our workers will get in touch with you for more information, so if there is anything you don't understand or can't fill out, we can discuss it with you then.

Please send referrals to horizonhouse@sjog.org.au

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.

Eligibility and suitability (please tick all that apply to you):	
All	☐ Aged 16-22 without a permanent or safe place to live. ☐ Engaged, or committed to engaging within 8 weeks of entry, in a daily activity program such as education, employment or other skill development (or parenting). ☐ Have an income either through Centrelink or work. ☐ Willing to regularly engage with a worker, work towards personal goals and build independent living skills. ☐ Feel that you are not a risk to the safety of yourself, others or your baby (if relevant). ☐ No significant issues with alcohol and/or substance misuse (within last 3 months).
YP only	Young parents (YP) ☐ 12 weeks + pregnant **or** 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

Your 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 your long-term housing goal?

Young parents only

Are you pregnant?

If yes, please provide estimated due date.

Do you have any children?

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

Name	D.O.B	Carer

Preferred location

Western Australia:

☐Broome

☐Bunbury

☐Geraldton

☐Perth - North (Wanneroo)

☐Perth - South (Wilson)

☐Dianella (Young parents)

☐West Leederville (Young parents)

Victoria:

☐Ballarat

☐Bendigo

☐East Geelong

☐Geelong

☐Eaglehawk (Young parents)

☐Warrnambool

Reason for referral

Why would you like to be referred to Horizon House?

Your strengths

What is going well for you? Tell us a bit about you, what you feel you are good at and things you like/enjoy.

Income/employment

Do you have a regular income?

Where does your income come from (e.g. Centrelink type, wages, other):

Approximate fortnightly income:

Education and training

Are you engaged in education or training? ☐ Yes ☐ No

Details

Living skills

How confident are you in living with others?

How do you think you would react if someone in the house annoyed you or upset you?

Are you willing to engage in a shared roster of chores and cooking?

Physical health

Do you have any physical health concerns? (Including allergies, illnesses, and specific disabilities, diagnosed or undiagnosed):

Do you take any regular medications?

Mental health

Do you have any worries regarding your mental health? (include current or previous concerns, diagnosed or undiagnosed)

Have you had any previous and/ or current thoughts of suicide? (Please give details):

Have you ever intentionally harmed yourself? (please give details)

Substance use

Are you currently engaging in any substance use? (this includes social drinking, legal and illicit substances, cigarettes, vaping)

☐ Yes ☐ No

Details (type, frequency etc):

References

Please include the details of two referees you are happy for us to contact. These can be from an agency that supports you, your past or present employer, a teacher, a medical professional that know you well or another important person in your life.

Name	Contact details	Relationship to you

Summary

How do you think you would go living independently, what kind of skills or support would you like to develop?

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:

Please send your referral to horizonhouse@sjog.org.au

If you are having thoughts of self-harm, death or suicide, please do not delay getting in touch with a 24/7 crisis support service

Lifeline 13 11 14 www.lifeline.org.au

Suicide Call Back Service 1300 659 467 www.suicidecallbackservice.org.au

Kids Helpline (age 5- 25) 1800 55 1800 www.kidshelpline.com.au