



Government of South Australia

Housing Needs

REPORT FORM

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About This Form

This form is for use by Community Housing Providers when undertaking an assessment of need for a customer registering interest in community housing.

IMPORTANT: The category assigned as a result of this assessment, must be entered onto the Community Housing Customer Register

Responses and information received from a customer during the course of a needs assessment interview should either be recorded on this form, or where information is provided in writing via a support agency, attached to this form.

PLEASE COMPLETE SECTIONS OF THIS FORM WHICH APPLY	
SECTION 1 - SUPPORT AGENCY	To be completed by Support Agency staff
SECTION 2 - HOUSING NEEDS ISSUES	To be completed by Support Agency staff or Community Housing Provider staff/officers
SECTION 3 - DECLARATION	To be signed by Support Agency staff and/or Community Housing Provider staff and the Customer
SECTION 4 - HOUSING NEEDS	To be completed by Community Housing Provider staff/officers

OFFICE USE ONLY

C/N

FAMILY NAME:

DATE OF ASSESSMENT:

CATEGORY ASSIGNED:

USER NAME:

What is a Housing Needs Assessment?

It is a series of questions to determine the nature and urgency of a customer's housing requirements. Customers' needs are categorised according to the following three categories:

NEEDS SEGMENT	DESCRIPTION
Category 1	People in urgent need, who have long-term barriers accessing or maintaining other forms of housing e.g. renting privately
Category 2	People who are not in urgent need, but have long-term barriers accessing or maintaining other forms of housing
Category 3	People who do not have urgent housing need or long-term barriers, and they can access other forms of housing

When is a Housing Needs Assessment undertaken?

Category of Need can be assigned by a **Community Housing Provider** using this *Housing Needs Assessment Report Form*.

When a customer's Registration is lodged in the Community Housing Customer Register, an 'indicative' category of need is assigned based on their response to 'trigger' questions within the Registration of Interest (ROI) Form.

This category establishes their position on the Register and the relative urgency of their housing requirements, ensuring those customers in greatest need are given priority.

Where responses to the 'trigger' questions indicate that the customer potentially has a higher level of housing need, the customer should be offered the opportunity to further discuss their individual circumstances (a Housing Needs Assessment).

The Housing Needs Report Form must be attached to the customer's ROI on the Community Housing Customer Register (CHCR) in pdf format.

With written consent from the customer this may be shared with other Non Government Organisation (NGO) housing providers who have been selected as a preference on the customer's ROI.

How do you undertake a Housing Needs Assessment?

Step 1A	<p>Referring/Support Agency already providing support services to customer, making referral to Community Housing Provider for housing services will:</p> <ol style="list-style-type: none"> 1. Complete Section 1 - Agency Referral and Section 2 – Housing Needs. 2. Forward this form (along with a <i>Registration of Interest Form</i> for the customer if not already lodged) to the relevant community housing provider.
or Step 1B	<p>A community housing provider receiving a <i>Registration of Interest Form (ROI Form)</i> directly will:</p> <ol style="list-style-type: none"> 1. Enter the Registration of Interest and create the customer on the Community Housing Customer Register; 2. Arrange an interview with the Customer; 3. Use the information on the ROI form as a trigger for further information collection using this form to record circumstances; 4. Complete Section 2 – Housing Needs requesting documentary verification of category 1 or 2 criteria.
Step 2	<p>Referral Agency and/or Community Housing Provider staff as well as the Customer to sign the Declaration at Section 3.</p>
Step 3	<p>Community housing provider staff to determine housing needs category outcome at Section 4.</p>
Step 4	<p>Category assigned to be updated on the Customer's Registration record within the Community Housing Customer Register.</p>

SECTION 1 - SUPPORT AGENCY REFERRAL (to be completed by Referring Agency)

Agency Details

Name of agency:

Contact officer:

Address:

Postcode:

Telephone:

Other:

Agency file number:

Customer Consent to Exchange Information (to be completed by customer)

I _____ (Enter Name of Customer) of _____ (Enter Customer's Address) hereby give permission for _____ (Enter Name of Agency) to provide the information given in this form to _____ (Insert name of CHP).

I understand this information will be used to assess my need for accommodation and to confirm any special housing requirements that I have. I further confirm that this information may be used by _____ (Insert name of CHP) for statistical purposes.

I also understand that if I do not provide all the information requested, _____ (Insert name of CHP) may not be able to assess my need for community housing, or confirm any special housing requirements that I may have.

In addition, I give permission for _____ (Insert name of CHP) to exchange information with _____ (Referring agency name) concerning the outcome of my Registration of Interest including the address of any property allocated to me and the tenancy start date.

I understand that I can withdraw this consent on written notice to _____ (Insert name of CHP).

Signature: _____ Date: _____

Please note

- If the customer does not have a current Registration of Interest lodged, an ROI form must be completed and returned with this form.

1. How long has your agency had contact with the customer?

Enter details of length of support for this customer

2. What is the reason for your agency's involvement with the customer?

Enter details of your agencies involvement

3. Does the customer need support to maintain their tenancy (e.g. budgeting, personal or household care)?

Yes No

If yes, please provide details of any support required.

Enter details of support required to maintain tenancy

4. If support is required, will your agency provide this?

Yes No

If no, do you know who will provide the support? Please give details

Enter details of support

1. If you are referring the customer only (i.e. if you are not providing support to the customer) please forward this section (with documentation to substantiate the customer's circumstances) to the community housing provider.
2. If you are providing supporting documentation, please refer to the Housing Needs Issues section.

SECTION 2 – HOUSING NEEDS ISSUES (to be completed by Referring Agency or Community Housing Provider staff/officers)

1. Please tick (✓) which of the following needs criteria apply to the customer's household (x-ref responses to Qs 6 and 7 on ROI form)

HOMELESS/AT RISK

- Victim of major crime
- Homeless
- Persistent harassment
- Life threatening situation at home
- Natural disaster e.g. fire, flood
- Living in transitional or crisis accommodation
- Inadequately housed
- Domestic/family violence

If you ticked any of the above, please provide details and attach documentation to verify.
Enter details as per issues described above

ACCESS BARRIERS (reasons why customer is unable to access/maintain private housing)

- Long term health issues
- Cultural or social issues
- Exiting institutional care
- Lack of financial skills/resources
- Discrimination in private rental
- Long term disability issues
- Lack of social skills

If you ticked any of the above, please provide details and attach documentation to verify
Enter details as per issues described above

OTHER ISSUES

- Disability Support Pension recipient
- Totally & Permanently Incapacitated Pension recipient
- Refugees in Aust less than 2 years
- People exiting Direct Lease Housing

If you ticked any of the above, please attach documentation to verify.

If there are any EXCEPTIONAL CIRCUMSTANCES not listed above, please provide details and attach documentation to verify

Enter details as per issues described above or others not listed

TENANCY ISSUES

(reasons why customer is unable to access/maintain private housing)

- Irresolvable neighbor dispute
- Health reasons
- Overcrowding
- Disability reasons
- Needs to be closer to supports

If you ticked any of the above, please provide details and attach documentation to verify

Enter details as per tenancy issues described above

2. How long can the customer stay in their current accommodation?

(If the customer is homeless, please provide details)

Enter length of time and any reasons customer can/not stay in current accommodation

3. Why is the customer's current accommodation unsuitable?

Enter reason current address unsuitable

SECTION 3 – DECLARATION (to be completed and signed by the Referring Agency and/or Community Housing Provider and the Customer

Customer Declaration

1. I declare that all information I have given is true and correct.
2. I warrant that all persons named on this form are aware that their personal information is being disclosed as described above and consent accordingly.
3. I understand that I may become ineligible if my circumstances change.
4. I consent to personal information I provide being disclosed within and between South Australian Housing Authority (SAHA), Community Housing Providers and other registered non-government housing providers for the purposes of determining my category of need and eligibility for Community Housing.
5. I understand that if housed by an organisation other than the Community Housing Provider undertaking this Needs Assessment that all files relating to my registration may be transferred to the organisation with whom I have been housed.
1. I understand that any assistance obtained on the basis of incorrect information supplied by me may be withdrawn and/or subject to repayment.
2. I authorise the Community Housing Provider or SAHA to make enquiries to find out my new address and consent to details of my new address being supplied to SAHA if I move address without notifying SAHA and I have an outstanding debt to the SA Housing Trust.
3. I understand that the Community Housing Provider and SAHA will keep the information I provide in this form confidential, except as required by Act of Parliament or Court Order, or where disclosure is authorised by me, or where authorised by the State Government Information Privacy Principles.
4. I understand that I may access the information I have provided, by contacting this Community Housing Provider or SAHA office where appropriate.

I consent to this information being shared electronically with another Community Housing Provider with whom I may be eligible for. Yes/No (please circle)

I consent to this information ONLY being shared via the phone or in hard copy only with another Community Housing Provider with whom I may be eligible for. Yes/No (please circle)

Customer's Signature

Date

Agency Declaration

Agency Staff Signature

Date

This form has been completed with the information the customer supplied to me. I have explained the above points to the customer, and s/he has agreed that s/he has understood.

