**External Referral Form (Housing services only)**

On behalf of my service agency, I am making a referral of the person listed below for Wellsprings for Women’s **Housing for Migrant and Refugee Women Program** (*please refer to specific Referral Forms on website for all other services*).

**Please note, this Program DOES NOT provide crisis accommodation assistance.**

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| --- | --- | --- | --- |
| **Date of Referral:** |  | | |
| **Referral Agency Information** | | | |
| **Name of Agency:** |  | | |
| **Name of Agency Worker:** |  | | |
| **Contact number:** |  | | |
| **Contact Email:** |  | | |
| **Client’s Details** | | | |
| **Name:** |  | | |
| **DoB:** |  | | |
| **Address:** |  | | |
| **This address falls within *(please tick):*** | ☐ City of Dandenong OR  ☐ City of Casey OR  ☐ City of Cardinia  **PLEASE NOTE**: if the client does not reside in one of these areas, please seek an alternative agency as Wellsprings for Women is unable to offer its services. | | |
| **Phone (Work):** |  | **Phone (Mobile):** |  |
| **Country of Birth:** |  | **Immigration Status:** |  |
| **Language/s Spoken:** |  | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Client’s Needs** | | | | | | |
| **What type of housing assistance is required? *(please tick):*** | ☐ private renting  ☐ public housing – assistance with application  ☐ social/community housing – assistance with application  ☐ crisis accommodation - please note: Wellsprings for Women will only provide referral services to other agencies  ☐ other *(list*): | | | | | |
| **Is there an urgency to this referral? *(please tick):*** | ☐ YES  ☐ NO | **Requires an Interpreter? *(please tick):*** | | ☐ YES  ☐ NO | | |
| **If YES, please outline the reason for the urgency.** |  | | | | | |
| **Is the Client:** | ☐ Married  ☐ De Facto  ☐ Single  ☐ Other | | | | | |
| **Children Details (if applicable) and use back of Form is further rows required)** | | | | | | |
| **Name** |  | | **DoB** | | **Age** | **Gender** |
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| **Is the intention that the children will be housed with the woman?** | ☐ YES: all  ☐ YES but only those marked with an asterix *(please mark with \*)*  ☐ NO | | | | | |
| **Please complete the following questions:** | | | | | | |

**CONSENT FOR SHARING INFORMATION DECLARATION**

The client has given permission for her information to be shared with the CEO, staff and volunteers of the Wellsprings for Women’s Housing Support for Migrant and Refugee Women Program.

|  |  |
| --- | --- |
| **Agency Worker’s Name:** |  |
| **Agency Worker’s Signature:** |  |
| **Date:** |  |

Wellsprings for Women Privacy Statement: Wellsprings for Women has a Privacy Policy and Procedure that ensures that clients’ personal information is securely saved and accessed by relevant staff only. Please contact the organisation’s Privacy Officer if you would like to discuss any aspect of the way that Wellsprings for Women collects, stores and uses your personal information. Phone: CEO – Privacy Officer on 03) 9701 3740

**Website:** [**www.wellspringsforwomen.com**](http://www.wellspringsforwomen.com) **Contact Number: 03) 9701 3740**

**Please forward this Referral Form to:**

[**housing@wellspringsforwomen.com**](mailto:housing@wellspringsforwomen.com)