

Sustaining Tenancies Referral Form

Tenant Information

Full name			Preferred Name	
Date of Birth				
Gender	☐ Male	☐ Female	☐ Non-Binary	☐ Other / Prefer not to say
Address				
Phone			Email:	
Dependents	☐ Yes	Name/s: Date of birth/s:		
Country of Birth	☐ Australia	☐ Other:	Year of arrival:	
Preferred Language	☐ English	☐ Other:		
Interrupter Required	☐ No ☐ Yes, please specify preferred Language:			
Aboriginal or Torres Strait Islander	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Prefer not to say			
Consent	Has the tenant consented to this referral? ☐ Yes ☐ No ☐ Signed ATD Form ☐ Service Provider Consent Form ☐ Verbal Consent ☐ No Consent			

Tenant's Housing Provider:	☐ Department of Housing Housing Service Centre: ☐ Community Housing Please specify: ☐ Other (please specify):
Property Manager:	
Phone/Email:	
Is there a Notice to Leave or current QCAT application?	PLEASE NOTE: Our program supports tenancy sustainment and is not a crisis service. If the tenant has received a Notice to Leave, please advise whether the notice is willing to be revoked for our program to proceed. If the Notice to Leave will remain in place, the appropriate referral pathway is QSTARS or a Specialist Homelessness Service crisis service such as HART 4000 or Micah for immediate housing support. ☐ No ☐ Yes

Support Information

Presenting Information		
Employment status	☐ Full time ☐ Part time ☐ Casual ☐ Unemployed ☐ Student/Trainee If studying, where:	
Main income source	☐ Jobseeker ☐ Age Pension ☐ DSP ☐ Parenting Payment ☐ Family Tax Benefit ☐ Wages ☐ Superannuation ☐ Other ☐ None	
ADF member	☐ Yes ☐ No	
NDIS Package recipient	☐ Yes ☐ No	Provider: Client Number:
My Aged Care recipient	☐ Yes ☐ No	Provider: MAC Number:

Current Supports	
Please list any current services involved:	
Organisation: Worker Name: Contact Details:	Organisation: Worker Name: Contact Details:

Tenancy Risk

Please note: Sustaining Tenancy supports tenants with barriers impacting their ability to maintain their tenancy. The program does not pay for rental arrears, property damage, maintenance costs, forensic or hoarding cleans, or provide furniture/household items. We are also unable to engage where there is active domestic and family violence, and the person using violence remains in the home, or there is an immediate safety risk.

Referral Information Requirements and Reason for Referral

To support the Sustaining Tenancy team to understand the tenancy risk and provide appropriate support, referrers must provide clear information about:

- **Why the tenant is at risk of losing their tenancy**
- **How the issue is impacting their ability to establish or maintain their tenancy**
- **Any current tenancy actions, concerns, or risks**

All sections of the referral form must be completed. Referrals without sufficient information may be declined or returned for further details.

The tenant is at risk of losing their tenancy due to:

- ☐ Rental arrears or ongoing difficulty maintaining rent payments
- ☐ Breaches, notices, QCAT, or tenancy compliance concerns
- ☐ Property condition concerns
- ☐ Hoarding and/or squalor
- ☐ Complaints from neighbours or the community
- ☐ Anti-social behaviour or conflict impacting the tenancy
- ☐ Unauthorised occupants and/or pets
- ☐ Property damage or outstanding charges
- ☐ Health and safety concerns
- ☐ Difficulty engaging with tenancy responsibilities or housing provider
- ☐ Other: _____

Please briefly explain how the tenant is at risk of losing their tenancy and the current tenancy concerns.
(Include relevant details such as arrears amount, breaches issued, complaints, property condition, notices, or other contributing factors.)

Tenancy Information

Is the tenant currently meeting the requirements of routine inspections?

☐ Yes ☐ No

If no, please provide details:

Are there any outstanding maintenance, repair, or pest control concerns?

☐ Yes ☐ No

If yes, please provide details:

Have there been any breaches, notices, or tenancy actions issued in the last 3 months?

☐ Yes ☐ No

If yes:

Number issued: _____

Please attach copies of relevant notices/breaches.

Barriers impacting the tenant's ability to sustain their tenancy

Select this option if the tenant is experiencing barriers that are impacting their ability to establish or maintain their tenancy. This may include limited support networks, difficulty understanding or meeting tenancy responsibilities, independent living skills, alcohol and other drug use, mental health, cognitive impairment, physical health concerns, disability, or other circumstances affecting tenancy stability.

*** Please provide details of the barrier and explain how it is impacting the tenant's ability to maintain their tenancy:**

Hoarding and/or Squalor

Is hoarding and/or squalor present in the current tenancy?

(Please attach recent photos of the property where available)

☐ Yes ☐ No

If yes, please provide:

Severity Rating:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐

(1 = Low impact | 9 = High impact)

What is the tenant hoarding?

(e.g. rubbish, food, clothing, household items, animals)

Are there any known biohazards?

☐ Yes ☐ No

If yes, please provide details:

(e.g. human/animal waste, mould, rotten food, sharps, pests)

Alcohol and/or Other Drug Use:

(Please provide details of the concerns and how they are impacting the tenancy e.g. rent payments, property condition, complaints, engagement with housing provider, or meeting tenancy responsibilities).

☐ Yes ☐ No ☐ Unsure

Concern:

Mental Health:

(Please provide details of the mental health concerns (where known) and how they are impacting the tenant's ability to maintain their tenancy e.g. property condition, communication, appointments, routine inspections, managing tenancy responsibilities)

☐ Yes ☐ No ☐ Unsure

Concern:

Physical Health:

(Please provide details of any physical health concerns and how they are impacting the tenant's ability to establish or maintain their tenancy e.g. household tasks, property upkeep, attending appointments, communicating with housing provider, or meeting tenancy responsibilities).

☐ Yes ☐ No ☐ Unsure

Concern:

Cognitive and/or Intellectual Disability:

(Please provide details of how the impairment impacts the tenant's understanding of tenancy requirements or ability to meet tenancy obligations).

☐ Yes ☐ No ☐ Unsure

Concern:

Independent Living Skills/Tenancy Understanding:

(Does the tenant require support with understanding tenancy responsibilities, managing household tasks, budgeting, routines, appointments, or engaging with services? Please provide details):

☐ Yes ☐ No ☐ Unsure

Concern:

Social Isolation/Limited Support Network:

☐ Yes ☐ No ☐ Unsure

What supports does the tenant need to assist them to establish or maintain their tenancy?

Behavioural Concerns:

Are there behaviours of concern impacting the tenant's ability to sustain their tenancy?

(Please provide details of the behaviour, frequency, and impact on the tenancy e.g. complaints, conflict with neighbours, breaches, difficulty engaging with the housing provider, or property impacts).

☐ Yes ☐ No ☐ Unsure

Concern:

Risk, Hazards and Safety Information

Safety risks or concerns (impacting worker engagement):

Hazards within the property or surrounding area (e.g. biohazards, animals, unsafe conditions):

Risk factors requiring consideration before a home visit:

Known behaviours or situations that may impact engagement:

Safety alerts or important information for staff to be aware of:

Referrer Name:

Referrer's organisation's name:

Connection to Tenant:

Phone:

Email:

Referral Date:

Thank you for your referral.

Please email completed referrals and attachments to sustainingtenancies@communify.org.au