

Client Risk Assessment Form

Tenancy Management

Attachment to Housing Needs Assessment

Information for referring workers

Westside will use this Risk Assessment Form as a key tool to facilitate a safe and appropriate housing allocation for the applicant, our staff and the community. Westside works with people who are vulnerable and we expect that you will fully disclose all information available to you.

- It is crucial that this form is accurately completed and we are alerted to any potential risk issues.	- Completion of this form will assist us in minimising any health and safety or other potential risks to the applicant, our staff and other community members.
- Unfavourable risk assessments may not mean the applicant is not housed.	- If you do not know the client well enough to make an accurate assessment, please indicate.

Applicants Name:

DOB:

Support and Risk Assessment Matrix (Please tick each row in the appropriate column)

Risk	No Problem	Past But Significant	Present Occasional Minor	Present Persistent Minor	Present Occasional Serious	Present Persistent Serious
Vulnerable to exploitation						
Daily living problems (requiring support)						
Anti-social behaviour						
Drug seeking behaviour						
Marijuana use						
Alcohol use						
Other drug use						
Risk of behavioural problems caused by drug or alcohol use						
Physical illness requiring support						
Hallucinations / Delusions / Paranoia that may place self or others at risk						
Risk of self-harm						
Risk of suicide						
Victim of violence						
Gambling						

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Risk Assessment Declaration

The applicant has given permission to disclose the personal information contained on this form to Westside Housing Association Inc. Yes / No (please circle)

Please complete, sign and date the relevant declaration section below

- I am the applicants' worker and I do / do not know the person well enough to complete the Risk Assessment Form.

Name:..... Signature: Date:

- I am the applicant's worker and to the best of my knowledge the Risk Assessment is accurate. I have not omitted anything that I know about my client from any source that is available to me.

Name:..... Signature: Date:



Government of South Australia

Housing Needs REPORT FORM

Version Control	
Version:	2
Issue Date:	September 2015
Policy link:	Property Acquisition and Disposal Policy & Property Returns procedure
Applies to:	Registered community housing providers
Issued by:	Renewal SA on behalf of the SAHT
Delegated authority and Form custodian:	Manager, Accountability & Contracts, Community Partnerships
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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 (visit <https://chcr.communityhousing.sa.gov.au/CHCR/Web/Login/Login.aspx> and enter your unique user password).

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

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	DESCRIPTION
Category 1	Customers in urgent need (refer page 4 for detailed description)
Category 2	Customers who are not in urgent need but for whom other housing options are not suitable or accessible as a long term option (including tenants whose current housing is unsuitable in the long term) (refer page 5 for detailed description)
Category 3	Customers who meet the income and assets test who do not meet needs criteria for Categories 1 or 2 (refer page 5 for detailed description)

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).

If the Housing Needs Report Form has been completed electronically it can 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.
<p>or</p> <p>Step 1B</p>	<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 using the Assessment Matrix provided at Q11.</p>
Step 4	<p>Category assigned to be updated on the Customer's Registration record within the Community Housing Customer Register.</p>

ASSIGNMENT OF CATEGORIES

Assignment to Category 1

Registrants placed in Category 1 are deemed to be in urgent housing need with long term barriers to accessing or maintaining private housing options.

Where a member of the Registrant Household meets:

- ✓ At least one of the Homeless/At Risk needs criteria AND
- ✓ At least one access barrier to private housing AND
- ✓ The Accommodation History and/or Housing Options assessments indicate that one or more members of the household have a housing need for which private housing is unsuitable in the long term;

then the Registrant/Registrant Household is deemed to have Category 1 needs.

Where the household member with the Category 1 needs is not a member of the Principal Household, the Registrant Household will only be eligible for Category 1 if the member is able to show that they normally reside with the Principal Household, i.e. they:

- ✓ have an ongoing history of residency with the Principal Household (12 months or more immediately prior to the date the Registration was submitted), OR
- ✓ are related to a member of the Principal Household, OR
- ✓ were directed or requested to reside with a member of the Principal Household (e.g. bail conditions, carer relationships etc), OR
- ✓ can show that they are currently registered by Centrelink at the same address as a member of the Principal Household.

Where the household member with the Category 1 needs does not normally reside with the Principal Household, they could lodge their own Registration, provided they are assessed as being capable of maintaining an independent tenancy.

Assignment to Category 2

Registrants placed in Category 2 are not considered to be currently in urgent housing need but have long term barriers to accessing or maintaining private housing options.

The Registrant Household must meet:

- ✓ At least one access barrier to private housing (refer to “Homeless/At Risk Criteria page 6), AND
- ✓ The Accommodation History and/or Housing Options assessments must indicate that one or more members of the household have a housing need for which private housing is unsuitable in the long term.

In addition, if the Registrant Household passes the Base Eligibility requirements but fails the Income and/or Assets tests, they are automatically eligible for Category 2 if they meet at least one of the following criteria:

- ✓ Recipient of Disability Support Pension (DSP)
- ✓ Recipient of Total and Permanently Capacitated Pension (TPI)
- ✓ Refugee in Australia for less than 2 years.

Where the household member with the Category 2 needs is not a member of the Principal Household (refer to Section 4 of the *Community Housing Eligibility Policy and Procedures*), the Registrant Household will only be eligible for Category 2 if the member is able to show that they normally reside with the Principal Household, i.e. they,

- ✓ have an ongoing history of residency with the Principal Household (12 months or more immediately prior to the date the Registration was submitted), OR
- ✓ are related to a member of the Principal Household, OR
- ✓ were directed or requested to reside with a member of the Principal Household (e.g. bail conditions, carer relationships etc), OR
- ✓ can show that they are currently registered by Centrelink at the same address as a member of the Principal Household.

Where the household member with the Category 2 needs does not normally reside with the Principal Household, they could lodge their own Registration, provided they are assessed as being capable of maintaining an independent tenancy.

ⓘ Note - Registrants who meet Automatic entry criteria for Category 2 are not required to undergo a Housing Needs Assessment unless it is considered that they may have a higher level of need i.e. Category 1 needs.

Assignment to Category 3

Registrants are assigned to Category 3 if they are not considered to have urgent housing needs or long term barriers to other housing options. In other words, if they do not meet Category 1 or 2 criteria, they will be assigned Category 3 status.

Homeless/At Risk Criteria

Homeless/At Risk criteria	Example sources of verification
<p><u>Homeless or inadequately housed</u></p> <p>A person is considered to be “homeless” if the only housing which they have access to:</p> <ul style="list-style-type: none"> ✓ damages or is likely to damage their health; or ✓ threatens their safety; or ✓ marginalises them through failing to provide access to: <ul style="list-style-type: none"> ✓ adequate personal amenities or ✓ the economic and social supports that a home normally affords; or ✓ has no security of tenure (i.e., the person has no legal right to continued occupation of the housing). <p>Homeless people include those:</p> <ul style="list-style-type: none"> ✓ without conventional accommodation, such as people living on the streets, sleeping in parks, squats, cars or makeshift dwellings for temporary shelter (improvised homes, tents and sleep outs) ✓ who move frequently between various forms of temporary shelter (e.g. friends, emergency accommodation ✓ and <i>may</i> (depending on the customer's circumstances) include people living in hostels and boarding houses (12 weeks or less). 	<ul style="list-style-type: none"> ✓ Notice to Quit ✓ Relevant termination orders from Residential Tenancies Tribunal ✓ HIA order regarding the limited amenity of the property ✓ Shelter or other support agency documentation.
<p><u>Victim of natural disaster</u></p> <p>Victim of a flood, fire or other natural event that makes it unsafe or impractical to live in the current property.</p>	<ul style="list-style-type: none"> ✓ Current landlord ✓ Insurance Office ✓ SA Police ✓ Fire or Emergency Services
<p><u>Living in transitional or crisis housing</u></p>	<ul style="list-style-type: none"> ✓ Verifying documentation from the housing provider ✓ Shelter or other support agency
<p><u>Life threatening situation at home</u></p>	<ul style="list-style-type: none"> ✓ SA police or other agency
<p><u>Persistent harassment</u></p> <p>Ongoing harassment which damages or is likely to damage a person's health or threaten their safety.</p>	<ul style="list-style-type: none"> ✓ SA police or other agency e.g. mediation service, counselling service
<p><u>Domestic or family violence</u></p> <p>Violence occurring between immediate/extended family members, including de facto relationships. Abuse may be physical, psychological, emotional, sexual, social or economic.</p>	<ul style="list-style-type: none"> ✓ Any reputable third party verification. This may include a police officer, health worker, legal worker, friend, relative, neighbour, local clergy, or other person.
<p><u>Victim of major crime</u></p> <p>Victim of very serious crime e.g. attempted murder, rape, armed robberies and other incidents which require a dedicated police response. On occasions incidents are declared as “major crimes” and investigated by specialist groups of police. In determining whether a person is a victim of a major crime, verification is required from the police.</p>	<ul style="list-style-type: none"> ✓ State or Federal police (including interstate police) ✓ Victim support service ✓ Trauma counselling service
<p><u>Sector initiated transfer</u></p> <p>A transfer initiated by either Renewal SA or Community Housing Provider for asset management, tenancy management or other reasons.</p>	<ul style="list-style-type: none"> ✓ Relevant sector approval e.g. by Renewal SA or Community Housing Provider

Barriers to Housing Access

Barriers to Housing Access criteria	Example sources of verification
<p><u>Long term health issues</u></p> <p>Significant health issues that would impact upon the Registrant's ability to negotiate or maintain other housing options in the long term e.g. chronic fatigue, terminal illnesses.</p>	<ul style="list-style-type: none"> ✓ Medical or health practitioner
<p><u>Long term disability issues</u></p> <p>Significant disability issues impacting on the Registrant's ability to negotiate or maintain other housing options in the long term e.g. need for extensive modifications.</p>	<ul style="list-style-type: none"> ✓ Medical or health practitioner ✓ Trauma counselling service ✓ Domiciliary Care ✓ Disability Support Service
<p><u>Discrimination in private rental</u></p> <p>This refers to Registrant characteristics which significantly impede the Registrant's ability to access and maintain private rental e.g. may include race, colour, religion, culture etc.</p>	<ul style="list-style-type: none"> ✓ Renewal SA ✓ Support agency
<p><u>Person exiting institutional care</u></p> <p>A person exiting a medium to long term period of institutionalised care.</p>	<ul style="list-style-type: none"> ✓ Correctional Services ✓ Rehabilitation Services ✓ Strathmont Centre/Glenside Hospital ✓ Julia Farr Centre ✓ Families SA ✓ Community based organisations (e.g. Minda Inc)
<p><u>Lack of financial skills/resources</u></p> <p>Chronic financial hardship impacting on the Registrant's ability to negotiate or maintain other housing options - factors such as the disposable income, level of debt and how the debt has been incurred will be considered.</p>	<ul style="list-style-type: none"> ✓ Financial Counsellor ✓ Renewal SA ✓ Community Agency ✓ Supported Accommodation Assistance Program (SAAP) agency
<p><u>Lack of social skills/resources</u></p> <p>Chronic lack of social or interpersonal skills which would make it difficult for the Registrant to access and maintain other forms of housing.</p>	<ul style="list-style-type: none"> ✓ Support agency.

Category 2 Automatic Entry Criteria

Category 2 Automatic Entry criteria	Example sources of verification
<u>Recipient of Disability Support Pension (DSP)</u>	✓ Centrelink proof of income
<u>Recipient of Totally & Permanently Incapacitated Pension (TPI)</u>	✓ Dept of Veterans Affairs proof of income
<u>Granted full refugee status within the last 2 years</u>	<ul style="list-style-type: none"> ✓ Department of Immigration documentation ✓ Visas (codes 200, 201, 202 & 204 only) ✓ Australian Refugee Association or other Refugee support body.
<ul style="list-style-type: none"> ▪ <i>Note 1</i> – Registrants who received DSP immediately before moving to an aged pension will remain eligible for Category 2 Automatic Entry as DSP recipients (providing Centrelink documentation supports this). ▪ <i>Note 2</i> – Registrants who are approved to receive DSP but do not currently receive it (e.g. on Work Cover payments) are eligible for Category 2 Automatic Entry as DSP recipients (providing Centrelink documentation supports this). 	

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

- 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.
- 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) (x-ref to response to Q 7a) and b) on ROI Form)

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

3. Why is the customer's current accommodation unsuitable? (x-ref to response to Q 7c) on ROI Form)

Enter reason current address unsuitable

4. Please provide details of where the customer has lived over the last 5 years (include reasons why they left).

E.g. 8/96 to 5/97, shared with friends at Enfield, left due to household conflict

Enter previous address details

5. If the customer is experiencing financial difficulties please provide details

(include financial counsellor’s statement and bankruptcy details if applicable) (x-ref to response to Q7c) on ROI form)

Enter information regarding financial difficulties and supporting information.

6. Why is the customer unable to access or maintain other housing options?

(E.g. private rental, home ownership, supported accommodation) (x-ref response to Q7f) on ROI form)

7. Why does the customer need to move? (x-ref response to Q7c) on ROI form)
Note: Refer to Access Barriers or Tenancy Issues when addressing this question
Enter reasons

8. If there are any other issues, please describe.
Enter issue/s and description/s

9. Verification attached to support needs criteria?

- | | | | | |
|------------------------------------------------------------|--------------------------|-----|--------------------------|----|
| Homeless issues | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Safety issues (At Risk) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Health/Disability issues | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Financial issues | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Social/Cultural issues | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Public or Aboriginal Rental Housing Program tenancy issues | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other issues | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Exceptional circumstances | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

10. Please list names and addresses of those providing verification

Enter name/s and address/es of person/s providing verification

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

Customer Declaration

- ✓ I declare that all information I have given is true and correct.
- ✓ I warrant that all persons named on this form are aware that their personal information is being disclosed as described above and consent accordingly.
- ✓ I understand that I may become ineligible if my circumstances change.
- ✓ I consent to personal information I provide being disclosed within and between Renewal SA, Community Housing Providers and other registered non-government housing providers for the purposes of determining my category of need and eligibility for Community Housing.
- ✓ 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.
- ✓ I understand that any assistance obtained on the basis of incorrect information supplied by me may be withdrawn and/or subject to repayment.
- ✓ I authorise the Community Housing Provider or Renewal SA to make enquiries to find out my new address and consent to details of my new address being supplied to Renewal SA if I move address without notifying Renewal SA and I have an outstanding debt to the SA Housing Trust.
- ✓ I understand that the Community Housing Provider and Renewal SA 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.
- ✓ I understand that I may access the information I have provided, by contacting this Community Housing Provider or Renewal SA 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.

SECTION 4 – HOUSING NEEDS OUTCOME (to be completed by the Community Housing Provider only)

11. From the customer’s responses and supporting documentation provided, does one or more of the criteria listed for Category 1 (see pg 3) apply to the customer?

Yes No

12. From the customer’s responses and supporting documentation provided, does one or more of the criteria listed for Category 2 (see pg 4) apply to the customer?

Yes No

Assessment Matrix

Answered Yes to Q11 and Yes to Q12	Category 1
Answered Yes to Q11 and No to Q12	Category 3
Answered No to Q11 and Yes to Q12	Category 2
Answered No to both Q11 and Q12	Category 3

13. Which category do you recommend based on the above assessment matrix?

Enter Recommended Category (NOTE: This category must be entered against the Registration of Interest on the Community Housing Customer Register)

Enter your reason/s for your recommendation

14. Housing Outcome Category confirmed by Manager (if required)?

Yes No

Community Housing Provider Staff Signature Electronic Signature to be entered here

Date Enter date

Name Enter your name User ID Enter your UserID

Reasons for decision:

Enter your reason/s for the decision you have made relating to this customer

Deferred pending:

Enter your reason/s for deferring the decision and the information required to make the decision
