HomeGround Services

Private Rental Brokerage Program referral form

Date: ____/____/____ Referring agency: ______________________________

Worker name: ______________________________ Phone number: ______________________________

Please ensure that a copy of the client's CMS assessment is attached to this referral

Client name: ______________________________ DOB: ____/____/____

Mobile phone number: ______________________________ Alternative phone number: ______________________________

Income: ______________________________ Centrelink Reference Number: ______________________________

Client name: ______________________________ DOB: ____/____/____

Mobile phone number: ______________________________ Alternative phone number: ______________________________

Income: ______________________________ Centrelink Reference Number: ______________________________

Address: ______________________________

______________________________ Postcode: ______________________________

Email: ______________________________

Preferred language (head of household): ______________________________ Interpreter required: ☐ Yes ☐ No

Accompanying children: ☐ Yes ☐ No *if yes please complete the following details*

Household member name: ______________________________ M / F DOB: ____/____/____

Household member name: ______________________________ M / F DOB: ____/____/____

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Household member name: ______________________________ M / F DOB: ____/____/____

Household member name: ______________________________ M / F DOB: ____/____/____

Household member name: ______________________________ M / F DOB: ____/____/____

Questions continue on other side

Client vulnerabilities / support needs: ______________________________

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Current situation: ______________________________

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Is the client currently living in a rooming house or at risk of entering a rooming house: ☐ Yes ☐ No

Are there other services involved: ☐ Yes ☐ No *if yes please complete the following details*

Service: ______________________________

Worker name: ____________________ Phone number: ____________________

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