|  |
| --- |
| Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name |       | Family name |       |
| Date of birth |       | Gender |       |
| Age |       | Email |       |
| Phone |       | Country of birth |       |
| Cultural Identity |       | Preferred language |       |

**Do you identify as Aboriginal and/or Torres Strait Islander? Yes** [ ]  No [ ]

|  |  |
| --- | --- |
| [ ]  | Aboriginal [ ]  Torres Strait Islander  |
|  | If yes, who is your Mob? |

**How would you describe your current residency status?**

|  |  |
| --- | --- |
| [ ]  | Australian Citizen [ ]  Permanent resident |
| [ ]  | Temporary resident (please explain e.g. VISA type)       |

**Do you identify as being part of the LGBTIQA+ Community?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No | [ ]  | Rather Not Say If yes, how do you identify:       |  |  |

**Have you been/are currently under the Guardianship of the Minister?** [ ]  Yes[ ] No

|  |
| --- |
| If yes, please comment below: |
|  |
|  |
|  |

**Income per fortnight (e.g. youth allowance, job seeker, employee wages)**

|  |  |  |  |
| --- | --- | --- | --- |
| Source |       | Amount  |       |
| Source |       | Amount |       |
| CRN (if applicable)       |  |  |

Housing

**What is your current address?**

**Who are you living with currently?**

**How long have you lived here?**

**Reason for needing to leave current accommodation**.

**Are you able to live with family (immediate or extended)?** [ ]  Yes [ ]  No

**If no, what is the main reason you are unable to live with family?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Relationship/family breakdown | [ ]  | Family violence |
| [ ]  | Overcrowding | [ ]  | Recent arrival/refugee |
| [ ]  | Alcohol or drug issues within the home | [ ]  | Mental health issues within the home |
| [ ]  | Trauma | [ ]  | Other (if so please explain)       |

**How long have you been experiencing homelessness?**

**Have you ever slept rough?** [ ]  Yes [ ]  No

**Do you have a registration of interest with SA Housing Authority?** [ ]  Yes [ ]  No

Customer Number:

Education and training

**Which one of these options would you say describes your motivation to get involved in education or training?** Please tick one box only

|  |  |
| --- | --- |
| [ ]  | 1 I have completed education/training and am not looking at further options |
| [ ]  | 2 I have no interest in education/training |
| [ ]  | 3 I have not thought about education/training recently, but I am open to it  |
| [ ]  | 4 I am motivated; I really want to get into education/training soon |
| [ ]  | 5 I am currently engaged in education/training |

**If you ARE currently enrolled in education or training please provide details of the course:**

**Where you are undertaking the course/attending school**

**Title of the course/school year**

**What education or training goals would you like to work towards whilst at Foyer?**

**If you ARE NOT enrolled what education or training goals would you like to work towards whilst at Foyer?**

Employment

**Which one of these options would you say describes your motivation to get involved in employment?** Please tick one box only

|  |  |
| --- | --- |
| [ ]  | 1 I am not exploring employment |
| [ ]  | 2 I have thought about employment |
| [ ]  | 3 I would like to be employed and this is something I would like to work towards |
| [ ]  | 4 I have been employed in the past and I would like to be again |
| [ ]  | 5 I am currently employed |

**If you are currently employed, please tell us the following about your job:**

**Job title**       **Place of employment**       **Hours per week**

**What type of employment:** [ ]  Casual [ ]  Part time [ ]  Full time

**If looking for employment, what type of employment would you be interested in at this stage of your life?**

**What is your dream job?**

Leisure

**What do you like to do in your spare time or what would you like to get involved in?**

This could be reading, gaming, spending time with friends, playing sport, volunteering, etc.

Independent living

**Please tick the answer that describes you best.**

Please tick one box only

|  |  |  |
| --- | --- | --- |
| **How often do you cook your own meals?** | **Are you able to budget for regular bills and unexpected emergencies?** | **How confident do you feel about being able to live with others?** |
| [ ]  | Everyday | [ ]  | All the time | [ ]  | Extremely confident |
| [ ]  | Once or several times a week | [ ]  | Often | [ ]  | Very confident |
| [ ]  | Once or several times a month | [ ]  | Sometimes | [ ]  | Moderately confident |
| [ ]  | Once or several times a year | [ ]  | Rarely | [ ]  | A little confident |
| [ ]  | Never | [ ]  | Never | [ ]  | Not confident |

**Please tell us about any living skills that you would like to work on:** i.e. Budgeting, cooking

|  |  |  |
| --- | --- | --- |
| **Do you have your license?**  **Yes** [ ]  **No** [ ]  |  | **Do you own a car?** |
| [ ]  | Learners | [ ]  | Yes |
| [ ]  | Provisional | [ ]  | No |

Health & Wellbeing

**Have you ever had a mental health diagnosis?** [ ]  Yes [ ]  No

If yes, please tell us what the diagnosis was and how you manage this:

**Do you identify as having a disability?** [ ]  Yes [ ]  N

|  |  |
| --- | --- |
| **How would you describe your emotional wellbeing?** | **What methods do you use to deal with stress and to calm yourself down when feeling anxious or angry?** |
| [ ]  | Terrible |       |
| [ ]  | Poor |
| [ ]  | Okay |
| [ ]  | Really good |
| [ ]  | Fantastic |

|  |
| --- |
| **How would you describe your physical health?** |

|  |  |
| --- | --- |
| [ ]  | Terrible |
| [ ]  | Poor |
| [ ]  | Okay |
| [ ]  | Really good |
| [ ]  | Fantastic |

Drugs & Alcohol

|  |
| --- |
| **Do you use drugs/alcohol?** |
| [ ]  | Never |  |
| [ ]  | Socially |  |
| [ ]  | Monthly |  |
| [ ]  | Weekly |  |
| [ ]  | Daily |  |

**Have you used drugs/alcohol in the past?**

If yes, please provide brief history:

Legal

|  |
| --- |
| **Do you have any ongoing legal matters that require current attention?** |
| [ ]  | Yes |
| [ ]  | No |
| If yes, please comment below?      |
|
|

Community Connections

**What services or organisations are you involved with?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worker name** | **Agency** | **Phone** | **Email** | **Role** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Referral Source

|  |  |
| --- | --- |
| Self-Referral [ ]  | Agency Referral [ ] If agency, please complete below |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |       | Worker name |       |
| Email |       |
| Phone number |       | Role |       |
| How long have you known them? |       |

**Please also give us details for someone we can contact about your educational background/ pathway.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organisation |       | Name of referee |       |
| Email |       |
| Phone number |       | Role |       |
| How long have you known this person? |       |

Informed consent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I understand that the information in this form will be shared with the Foyer Port Adelaide assessment panel (includes South Australian Housing Authority).  | [ ]  | Yes | [ ]  | No |
| I give my consent for the Foyer Assessment Team to contact my referees and any other nominated relevant organisation provided on this application. | [ ]  | Yes | [ ]  | No |

Young person’s consent

|  |  |  |  |
| --- | --- | --- | --- |
| Signed  |       | Date |       |
| *(Young* *Person)* |  |  |
| Signed  |       | Worker name |       |
| *(Authorised Representative)* |  |  |
| Position |       | Organisation |       |

**Foyer Port Adelaide**

If you have any questions, please contact the Foyer Manager.

**P** (08) 8447 1090

**E** FoyerReferrals@sjys.com.au

1 Marryatt Street, Port Adelaide |

PO Box 3166, Port Adelaide 5015