|  |
| --- |
| 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?**  YesNo

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

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

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

Presenting family unit

**Do you have a partner or children living with you?**

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |

Housing

**What is your current address?**

**Who are you living with currently?**

**How long have you lived here?**

**Why is your tenancy currently at risk**?

*(Examples: rental arrears, property management, other tenant conflict)*

**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) |

**Have you previously experienced 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

**Are you currently engaged in education or training?**  Yes  No

**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**

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

Employment

**Are you currently engaged in employment?**  Yes  No

**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?**

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, routine

|  |  |  |  |
| --- | --- | --- | --- |
| **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:

|  |  |  |
| --- | --- | --- |
| **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 |

**Do you identify as having a disability?**  Yes  No

If yes, please provide details:

Drugs and 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? |  | | |

Young person’s consent

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

**Keeping my Place**

If you have any questions, please contact the Keeping my Place team.

[MyPlace@sjys.com.au](mailto:MyPlace@sjys.com.au)

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