

## Referral Form

Providing all information requested in this referral document will enable an assessment of eligibility for the Horizon House Program.

This application form is to help us get to know you. It is designed to focus on your strengths, your interests and the areas that our program can offer you support.

Horizon House provides a residential program for young people aged 16-22 years who are homeless or at risk of becoming homeless who express:

- A willingness to actively engage with the Horizon House program;
- A capacity to live in shared accommodation;
- A willingness to engage in Education and Training or Employment;
- No current significant issues with alcohol and/or substance abuse.

Horizon House offers supported community based living over a graduated three tier program.

At Horizon House, young people receive:

- Stable accommodation in a safe environment;
- An individualised plan for achieving their goals;
- A strengths-based approach to linking them with their local community;
- Support to maintain employment, education and/or training;
- Assistance to develop independent living skills;
- Support in securing an ongoing, long-term housing option and a rental reference.

Comprehensive support is provided by:

- The Horizon House Support Coordinator who supports the young person to achieve their goals;
- Youth Support Workers who support young people in their independent living skills;
- Other relevant Community Service providers.

### Horizon House Referral Form

Please send referrals to [horizonhouse@sjog.org.au](mailto:horizonhouse@sjog.org.au)

**Young Person Details**

Name		Date of Referral	
DOB		Contact Number	
Gender		Income Source	
Language		Country of Birth	
Email Address			

Do you identify yourself as Aboriginal or Torres Strait Islander?

- Aboriginal  
 Torres Strait Islander  
 Both  
 Neither

How would you describe your current residency status?

- Australian  
 Permanent Resident  
 Temporary Resident (please explain) \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

How long have you lived in Western Australia / Victoria?

\_\_\_\_\_

Desired Horizon House Area:

<input type="checkbox"/> Ballarat	<input type="checkbox"/> Wanneroo
<input type="checkbox"/> Bendigo	<input type="checkbox"/> Wilson
<input type="checkbox"/> Bendigo YMBP	<input type="checkbox"/> Dianella YMBP
<input type="checkbox"/> East Geelong	<input type="checkbox"/> Broome
<input type="checkbox"/> Geelong	<input type="checkbox"/> Bunbury
<input type="checkbox"/> Warrnambool	<input type="checkbox"/> Geraldton

If applying for Young Mother and Baby Program, please provide details of any accompanying children:

Name	DOB	Gender	Relationship to you


**Current Housing Situation**

Please tell us about your current housing situation? Where are you living? How long have you been there? Why do you need to leave?

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Have you lived in any other Accommodation Services? Yes  No

Accommodation Service	Length of Stay	Reason for Leaving

**Education and Training:**

If you are currently enrolled or attending education or training please provide the following details:

School or Institution you are attending or enrolled at: \_\_\_\_\_

Course Title: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Length of Course/School Year: \_\_\_\_\_

**Employment:**

Are you currently employed? Yes  No

If yes, please answer the below –

Job Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Hours per week that you work: \_\_\_\_\_

Date started: \_\_\_\_\_

Who is your Jobactive provider? \_\_\_\_\_

How often do you meet with your employment consultant? \_\_\_\_\_

**Community Engagement:**

Can you please describe the community activity that you are involved in?

E.g. sport, clubs, community groups, etc.

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Can you please describe an activity that you would like to get involved in?

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**Goals:**

With our support, what would you like to achieve in –

Time Frame	Your Goal
1 month	
2 months	
3 months	

What support would you want to achieve this?

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**Support Needs**

Have you had any difficulties (past or present) in managing any of the following –

- |   |                               |                                  |                                |
|---|-------------------------------|----------------------------------|--------------------------------|
| Drug and/or alcohol use                 | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Self-harm                               | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Suicidal ideations                      | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Aggression                              | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Fire lighting                           | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Leaving for days and not telling anyone | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |
| Involvement with the police/courts      | Past <input type="checkbox"/> | Present <input type="checkbox"/> | Never <input type="checkbox"/> |

Please tell us if there is anything you would like additional support with:

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**Mental and Emotional Wellbeing**

Have you had any concerns around your mental health?

Yes

No

If yes, please tell us a bit more about this:

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Have you ever been diagnosed with a mental health issue?

Yes

No

If yes, please tell us what the diagnosis was and who made the assessment:

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Do you have a mental health worker? Can you please provide the contact details of who your worker is and how frequently you have appointments?

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**Health**

Please tell us about any physical health conditions you have:

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Are you currently using any prescribed medications?

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Do you have any mobility access requirements?

Yes

No

Do you smoke tobacco? If yes, how many a day?

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**Drugs and Alcohol**

Do you use drugs and/or alcohol?

- Yes (please describe what type, how often, etc.)  
 No

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Have you used drugs and/or alcohol in the past?

- Yes (please describe what type, how long ago, how often, etc.)  
 No

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**Legal**

Do you currently have any legal matters that you are dealing with?

- Yes (please tell us a bit more below)  
 No

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Do you require any legal support?

- Yes  
 No

Have you had any legal matters in the past?

- Yes (please tell us a bit more below)  
 No

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Do you have a Community Youth Justice or Corrections worker?

Justice/Corrections Worker: \_\_\_\_\_

Contact Details: \_\_\_\_\_

### **Additional Information**

Is there anything else you would like to add in your application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Horizon House? \_\_\_\_\_

Referred by: Self  Family  Agency  Other

\_\_\_\_\_

Did anyone support you in filling this form out?

Yes

No

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Contact Details: \_\_\_\_\_

### **References**

Support Worker/Employment/Education/Personal

These will be checked prior to any young person being approved for Horizon House.

#### Reference 1

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Reference 2

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please attach copies of any legal documentation (current bail conditions, orders, etc.), medical conditions, mental health plans, etc.

## Consent

I **acknowledge** the information provided is true and correct.  
 I **agree** that Horizon House may contact my service providers to gather additional information to assist with my referral if needed.  
 I **consent** to this referral being submitted for consideration for the Horizon House Program.

Name:	Signature:	Date: __/__/__
Person Referring:  Organisation (if applicable): Telephone: Email:	Signature:	Date: __/__/__

(Please note that a referral cannot be accepted without the young person's consent)