



Form

Application Form

Boarding House

Eligibility Criteria

Unity Housing Company Ltd (Unity) offers a range of Boarding House options in the City of Adelaide.

To be eligible for housing at any of Unity's Boarding House sites the following eligibility criteria apply:

The applicant must:

- Be over 18 years of age;
- Be a low income earner (proof of income to be attached);
- Have the capacity to live independently;
- Not suffer severe medical conditions that would require home level aged care or ongoing nursing services;
- Not have serious behavioural or drug and alcohol issues;
- Not have children who would be living with you;
- Not have pets;
- Be able to meet the tenancy obligations as detailed in the lease (i.e. paying rent).

To be accepted into the Unity Boarding House Program you must be referred by a worker or an organisation which currently provides you with support. Unity will assess your application and arrange an interview with you.

Please note: Your support worker may be required to attend an interview with you.

Once accepted onto our waiting list, you will be offered a room in any one of our boarding houses when a vacancy becomes available.

No meals are provided. Tenants must supply their own food and cooking utensils.

Tenants are responsible for cleaning their own rooms and washing linen, etc.

All sections of this Application Form, including the Risk Matrix, MUST be completed.

Send your completed application to: Unity Housing
260 South Terrace
Adelaide SA 5000

or Email: theterrace@unityhousing.org.au

or Fax: 08 8232 4582

Office use only:

File No: _____

Room offered: _____

☐ Unable to contact – date: _____

Viewing arranged – date: _____

Offer accepted: ☐ Yes ☐ No



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Applicant to complete

Personal Details

Date application submitted:

Given Name:

Surname:

Aliases:

Date of Birth:

Gender: ☐ Male ☐ Female

Mobile:

Email:

CRN:

Income Type:

Contact address:

☐ I currently reside at this address ☐ I **do not** reside at this address but am contactable at this address

Person/s to be contacted in case of emergency

Name:

Phone:

Next of Kin:

Phone:

Nationality

Country of birth:

Interpreter required? ☐ Yes ☐ No

If an interpreter is required, what language?

Aboriginal or Torres Strait Islander?

☐ Yes ☐ No

Health

Do you have any issues with your physical health?

☐ Yes ☐ No

If yes, please describe

Are you on medication?

☐ Yes ☐ No

If yes, please describe

GP Name:

Clinic:

Phone:



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Do you have a disability which requires a room with modifications or disabled access to the building? ☐ Yes ☐ No

If yes, please describe

Mental Health

Do you currently have, or have had in the past, any mental health issues? ☐ Yes ☐ No

Do you have a mental health worker? ☐ Yes ☐ No If yes, please provide details below

Name:

Organisation:

Phone:

Alcohol and Drug Use

Please describe any alcohol and/or drug issues you have:

Please provide the names and addresses of any people in the community who provide you with support

Name:

Organisation:

Phone:

Type of support:

Name:

Organisation:

Phone:

Type of support:



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Name:

Organisation:

Phone:

Type of support:

Places stayed in the last 12 months. Please tick

☐ Friends or family

☐ Private rental

☐ Caravan

☐ Hospital

☐ Public/Community Housing

☐ Boarding House

☐ Sleeping rough

☐ Car/tent/squat

☐ Emergency Accommodation

☐ Rehab/detox

☐ Prison

How many times have you moved in the last 12 months?

Where did you sleep last night?

Have you previously been a tenant at a Unity Boarding House? ☐ Yes ☐ No

Have you previously applied at a Unity Boarding House? ☐ Yes ☐ No Date:

What type of Boarding House accommodation would you prefer?

Costs differ for each site and room type. You are not guaranteed your first choice.

☐ Female only

☐ Room only

☐ Male only

☐ Self-contained

☐ Mixed

☐ Ensuite

Supporting information:



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To the Referring Agency

Unity will not accept 'walk in' applicants or after hours referrals.

Unity Boarding Houses are not providers of Emergency Accommodation.

All applicants to the Boarding House program **must be referred by an agency or organisation currently working with the applicant**. Unity staff must have confidence that any applicant has a referral point outside the boarding house if issues and needs arise for the applicant in the future.

Please complete the attached form and provide as much information about your client as possible. It is critical that we have sufficient knowledge of your client to assess and provide the most appropriate placement, ensuring the safety of your client, our staff and other residents.

Please be advised that Unity Boarding Houses do not offer 'support' nor do they provide meals.

All applicants are expected to have sufficient skills to live independently and have a referral point in the community.

Attached:

- ☐ Proof of Income
- ☐ Consent to Release Information Form – signed by applicant
- ☐ Completed Risk Assessment
- ☐ Supporting letter: you are required to include a letter with this application outlining your client's current situation and need for urgent housing



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Consent to Release and Obtain Information and to speak on my behalf.

1. I understand that the agency and/or individuals listed below will be discussing my current situation with each other. Agencies and/or individuals will not be added at a later stage without my signed consent.
2. I understand that I can change or withdraw my consent at any time in writing. If I do not withdraw my consent, it will remain valid until I vacate my Unity room.
3. I understand that Unity may be audited by a quality assurance agency to check they meet quality standards. This may involve an auditor checking my file to see if the correct procedures have been followed.
4. I understand that information about me may be gathered for the purposes of data collection, however this information will be non-identifying (i.e. coded information will be used, not names).
5. The purpose of this form has been discussed with me.

Client's signature:

Date:

I (name)

authorise **Unity** to release and obtain personal information on my behalf from:

Agency:

Worker's name:

Address:

Phone:

Email:

Worker's signature:

Date:

Client's signature:

Date:



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To assist with making appropriate allocation decisions, it is a requirement for this risk assessment to be completed by the referring/support agency as part of the referral.

	Not present	Past but significant	Present but only occasional	Present and persistent	Present but only occasional	Present and persistent
	Nil	Minor	Minor	Minor	Serious	Serious
Aggression						
Anti Social Behaviour						
Drug Seeking Behaviour						
Drug and/or Alcohol Use						
Physical Illness						
Hallucination/Delusion/Paranoia						
Suicide Risk						
Self Harm						
Relationship Problems						
Vulnerable to Exploitation						
Daily Living Difficulties						
Domestic Violence						
Harassment from Others						
Gambling						
Risk Assessment completed by (Name): <input type="checkbox"/> Referring Agency <input type="checkbox"/> Support Agency <input type="checkbox"/> Other (details)						
Date completed:						