



A Foyer Model offering supported accommodation, education and employment opportunities to young people.

APPLICATION FORM

This form is to be completed with the Young person.

Date:

Questions? About the Young Person

Young person's given name(s):

Young person's Last or Family Name:

Alias (if applicable)

Date of Birth: Age: Gender:

Country of Birth:

Does the young person identify as (can tick more than one): Aboriginal Torres strait islander Neither

Does the young person identify as culturally and linguistically diverse (CALD)?: Yes No

If so, please provide details:

Phone Number:

Email address:

Emergency Contact

Name:

Relationship to applicant:

Contact details:

Details of other household members (i.e. partner, dependents). Complete for each person

(1) Name:

Date of Birth: Age:

Relationship to applicant:

Country of Birth:

ATSI, CALD:

Phone Number:

Email Address:

(2) Name:

Date of Birth: Age:

Relationship to applicant:

Country of Birth:

ATSI, CALD:

Phone Number:

Email Address:

Housing History

T-Number (if applicable):

Young person's current address:

Type of Accommodation: Refuge Private Rental Transitional Accommodation Couch Surfing

Other:

How long has the young person lived there:

Please list previous Accommodation for the past 12 months, type and reason for leaving:

1.....

2.....

3.....

Has the young person ever been evicted or asked to leave accommodation?: Yes No

Please explain:

Education/Training/Employment

CRN (if applicable):

What activity is the young person engaged in (i.e. school, TAFE, apprenticeship, traineeship)?

.....

What is the course?

Name and Location of Institution?

How long has the young person been engaged with this?

How long will the young person be engaged with this?

How many hours is the young person engaged with the activity?

What mode? (on-campus, off-campus)

Is the young person engaged in a form of employment: Yes No

Name of the business:.....

Contact Person:.....

Hours per week:.....

Tick one: Part-time Casual Volunteer/Non-paid

Is this a component of study: Yes No

Support Services

Please describe your involvement with the young person:

Name:

Agency:

Position:

Phone Number:

Email Address:

How long have you been working with the young person?

How many hours a week do you support the young person?

What type of support services do you provide to the young person?:

- Counselling Accommodation Health Mental Health Disability Probation and Parole
Domestic Violence Drug and Alcohol Budgeting Parenting Juvenile Justice

Please expand about your support in an attached support letter.

What other support services are linked with the young person or household members?:

Agency Name	Contact Person & Details	Type of Support Provided

Please attached additional information on an additional page

Independent Living

Please discuss the young person's ability to live independently (i.e. community-style accommodation, budgeting, household care, etc).

Are there any safety concerns (i.e. AVOs, etc)

Is there anything that we have not asked about, or that you/client would like for us to know?

Support Agreement

Young Person (young person to complete)

I (Full Name)

have read and understand the information in the Samaritans Student Accommodation Information Sheet.

I (Full Name)

fully understand and will comply with the expectations of participating and residing in the Samaritans Student Accommodation Program.

Signature: Date:

Support Provider (support provider to complete)

I..... (Caseworker)

of (Full Service Name)

agree to provide ongoing casework support for the duration of the tenancy to ensure the

client (Name) is engaged in study and that any other additional support needs are met in accordance to our service provision. I agree to liaise with relevant education providers to ensure continuing attendance and ongoing study requirement are being met. I also agree to report this back to the Samaritans Student Accommodation as required.

Signature: Date:

Submitting the Application

Please include with your application form:

- Agency Support Letter
- Confirmation of Education/Training (i.e. enrolment form, letter from institution)
- Evidence of income (i.e. Centrelink, Pay slips)

Please return via email to **Lauren Fisher** at ssa_wickham@samaritans.org.au. or F:4927 6052