

# Referral to Housing Connect



Please e-mail completed referral form to: [housing@colony47.com.au](mailto:housing@colony47.com.au)  
cc: [bellaf@colony47.com.au](mailto:bellaf@colony47.com.au) and [olivias@colony47.com.au](mailto:olivias@colony47.com.au)  
Fax: 6214 1485 or call us on 1800 800 588

DATE:

NAME OF AGENCY REFERRED FROM:

WORKER NAME:

PH & Email:

NAME OF PERSON/S BEING REFERRED:

DATE OF BIRTH:

TELEPHONE:

Address:

## DETAILS OF SERVICE REQUIRED FROM HOUSING CONNECT: *(tick all relevant)*

- Immediate Accommodation Assessment** *(nowhere safe to stay tonight)*
- Support to find Medium to Long Term Accommodation** *(ongoing case management)*
- Social Housing Assessment** *(Housing Tasmania and Community Housing Providers)*
- Private Rental Assistance** *(PRA – Bond Assistance, Rent Arrears, Removals)*

*PLEASE NOTE: Appointment availability depends on capacity on the day – if the need is not immediate we may pre-book an appointment if requested by a support worker or book an appointment directly with the client.*

Additional Information: *(attach summary if necessary)*

*Please include eviction date if an NTV has been issued.*

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Is your service continuing to work with the client ?      **yes / no**

**Consent has been obtained from the client/s for this referral to be made and for the referring agency to be advised by Housing Connect of the outcome.**

Signed (client): -----

Signed (worker): -----

Housing Connect – Hobart

Housing Connect – Rosny

Level 3, 181 Collins Street

Suites 3&5 13 Bayfield St