

GOLD COAST YOUTH FOYER



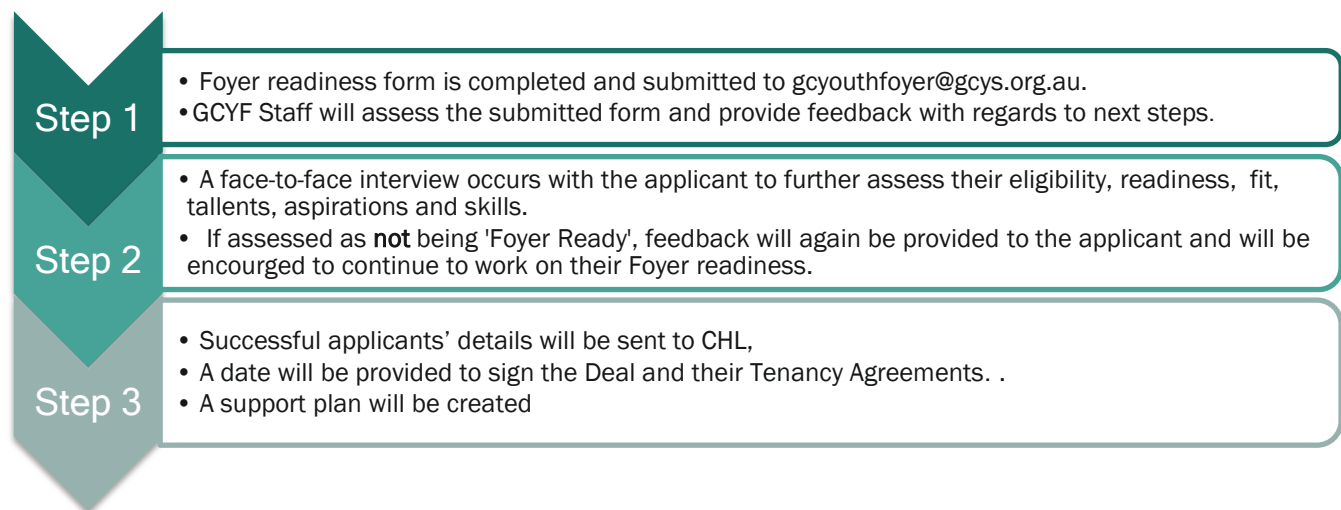
About GCYF

The Gold Coast Youth Foyer is an exciting 'point in time' model of care which invests in young people aged 16 to 25 who are homeless or at risk of homeless.

The Gold Coast Youth Foyer has 40, 1-bedroom transitional apartments all of which are fully furnished for eligible participants.

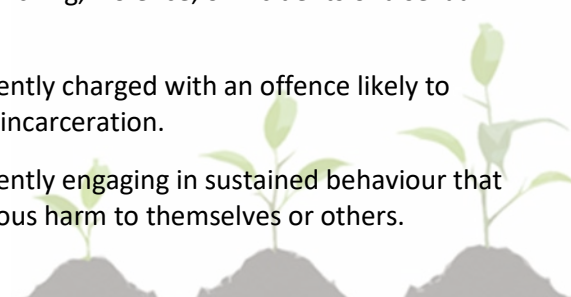
Situated in the heart of Southport close to schools, TAFE, universities, beaches, walkways and much more, we believe this program will be a springboard for young people who are inspired to get involved in education and training.

Using the Advantage Thinking Framework, we provide mentorship, advocacy and supports which aim to build young people's self-efficacy and competencies by focussing on participants strengths, assets, and resources to support them to grow their talents.



When thinking about suitable applicants for the Gold Coast Foyer, please ensure you consider the following:

- The support's provided at the Foyer is targeted and is not considered supervision and is independent living i.e., low supports high independence
- Child Safety clients are to be linked with the Next Step Plus program. Next Step Plus will consult directly with the Foyer about any potential clients.
- They have current DCHDE Housing Application Number. (They must have Southport as an area preference on their housing application)
- They can live independently in a 1-bedroom apartment and uphold the tenancy agreement and rent obligations? *(Example costs: Rent is 28% of total income, inclusive of rent assistance, Bond is two weeks rent and \$50.00 a fortnight for electricity).*
- Can get to and from work independently?
- Can manage their basic health needs?
- Be willing to disclose recent history of violent, aggressive behaviour (Current DVO's or AVO's)
- Be willing to disclose previous serious conviction or charges with an offence involving: arson, drug trafficking, violence, or incidents of a sexual nature.
- Not currently charged with an offence likely to result in incarceration.
- Not currently engaging in sustained behaviour that is of serious harm to themselves or others.



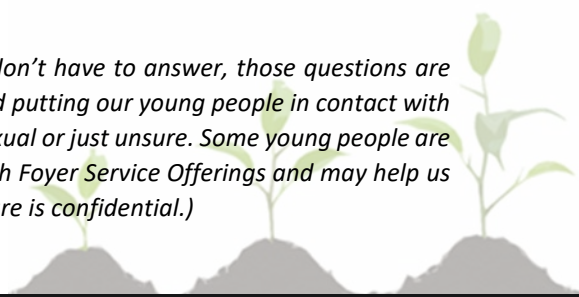
Personal Details

Name		Date of Birth	
Telephone		Age	
Current address			
Suburb		Postcode	
Email			
Housing App No.			
Emergency contact (and how they are related to you)			

A little About yourself

Country of Birth		Preferred Language	
Do you identify as	Aboriginal Torres Strait Island Both Neither	Residency Status	Australian Temporary Resident Permanent Resident Other
Assigned gender at birth	Male Female	If Other, specify	
Sexual orientation	Straight Gay Queer		Lesbian Bisexual Asexual

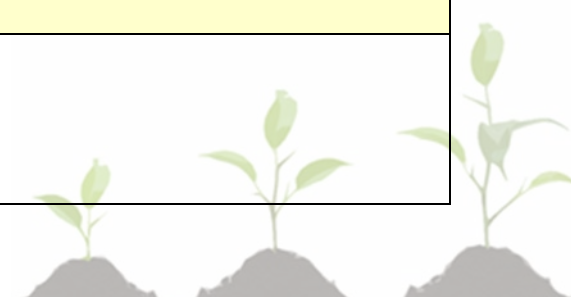
(Your sexuality and gender orientation are a personal matter so of course you don't have to answer, those questions are optional. At the Foyer we celebrate diversity by providing a range of activities and putting our young people in contact with a range of groups and networks. Some young people are lesbian, gay, queer, bisexual or just unsure. Some young people are transgender or intersex. Telling us a little bit about your sexuality will help us with Foyer Service Offerings and may help us to refer you to relevant activities, groups, and networks. Any information you share is confidential.)



Are you in a relationship		Yes	No
Do you have any children		Yes	No
If yes, please provide information about your child			
Name		Age	
Gender		Living Arrangements	

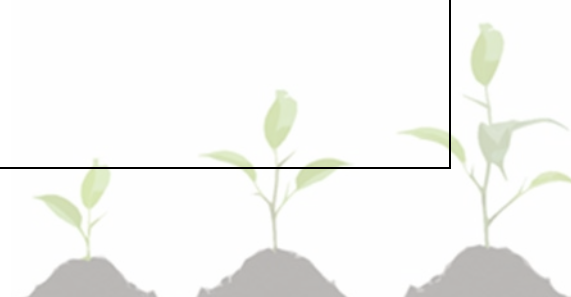
Talents and Dreams

When you were younger what did you always want to do when you grow up?
In five years, you are doing what you love, and you are content, what has changed?
What are the obstacles that are preventing you from achieving your dreams?
What are your current hobbies and what are some hobbies you would like to explore?
What are some of your skills and talents?
What do you like doing with your time?



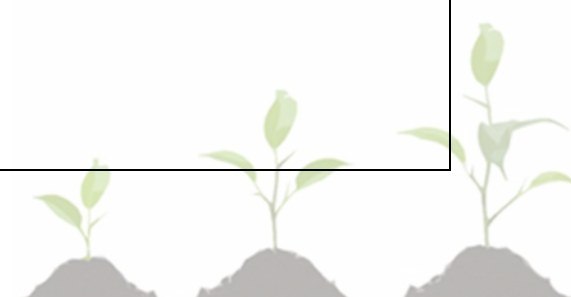
Education ●

What education/training have you already completed?							
Are you currently in enrolled in education or training?							
No							
If Yes	Title of course/school year						
	Where you attended course/school						
	Level you are studying at		Secondary Vocational University Other				
If you are currently not in education or training, what is your main goals in this area?							
How motivated are you to be involved in study or training (place a mark on the scale that describes you best)?							
Not motivated							Really motivated
What skills do you have that would help you in your learning?							



Employment ●

Previous job history							
Are you currently Employed?							
No							
If Yes	Job Title						
	Place of Employment						
	Hours per week that you work						
If you are currently not employed, what is your main goals in this area?							
How motivated are you to get work (place a mark on the scale that describes you best)?							
Not motivated							Really motivated
What skills do you have that would help you get a job?							
If you are not employed, what efforts have you made to get work?							



Participation (getting involved) ●

Community activities or groups that you have been a part of before:							
Are you currently part of a community activity or group?							
No							
If Yes	Name of group or activity						
	Location						
	How often do you meet?						
If you are currently not in a community group or activity, what is your main goals in this area?							
How motivated are you to be involved in a community group or activity (place a mark on the scale that describes you best)?							
Not motivated							Really motivated
How motivated would you be in taking part of activities programs and groups run by the Foyer?							
Not motivated							Really motivated



Housing:

What is your current housing situation?	
At risk of homelessness Homeless In State Care (SILs, A Foster home, Residential etc.) Other	
What is your current housing situation?	
(Empty space for response)	
Where do you currently sleep most often?	
Family or friends Hostels/caravan parks etc Crisis accommodation	Car/Rough sleeper Residential or supported housing
How long has it been since you last lived in stable accommodation?	
Less than one month 2-6 months	6-12 months More than 12 months
What is the main reason you do not currently have accommodation or are losing current accommodation?	
(Empty space for response)	
In the last 2 years how many times have you been homeless?	
Never Once	Twice Three times

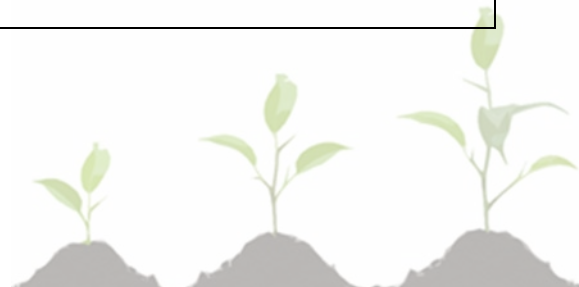


Connections and supports

(If you can, please name your supports in the relevant quadrant)

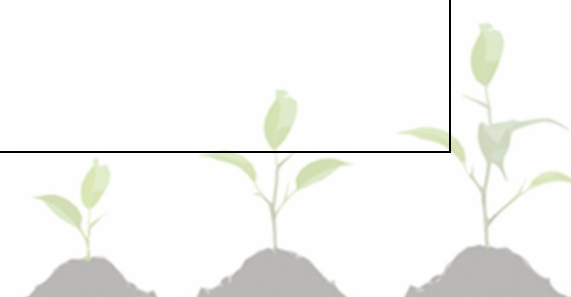
Family/Friends	Professionals (caseworkers, therapists etc.)
Work/School	Community (sports, clubs)

You



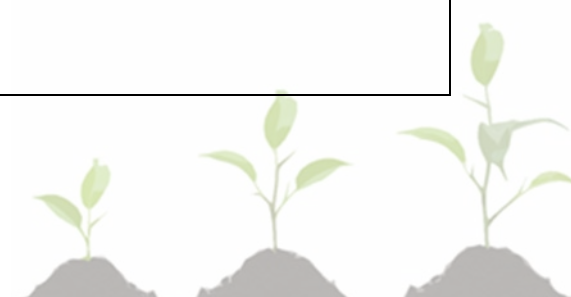
Health & Wellbeing ▲

Do you have a diagnosed medical condition?	
<p>No diagnosis</p> <p>Have not been formally diagnosed</p> <p>Yes, and currently receiving treatment</p> <p>Yes, and currently not receiving treatment</p> <p>Have not been formally diagnosed</p>	
If yes, what is the diagnosed condition and how does it affect your day-to-day life?	
<p> </p>	
Where or who were you diagnosed by? Please list.	
<p> </p>	
Do you have a diagnosed mental health condition?	
<p>No</p> <p>Yes, and currently receiving treatment</p> <p>Yes, and currently not receiving treatment</p>	<p>Have not been formally diagnosed but would like this to be explored</p> <p>I would rather not say</p>
If yes, what is the diagnosis and how does it affect your day-to-day life?	
<p> </p>	
Where or who were you diagnosed by? Please list.	
<p> </p>	



Independent living ▲

How often do you cook dinner and lunch per week?
Every Day? Every other day? Once or twice a week?
How often do you run into money problems?
All the time Often Sometimes Rarely Never
Do you have any SPER debts? If so, how much?
How would you scale your confidence living with other people?
Not confident Somewhat confident Very confident
Can you please provide an example on how you managed conflict in the past?



Safety ▲

Have you ever experienced family or domestic violence?	Yes	No
If yes, please tell us a bit more, particularly if you currently feel unsafe.		
What personal strengths do you think helped you through this?		
Do you have a current DVO or TPO?	Yes	No
If yes please provide a copy of the order.		
Do you have a history of serious violent or aggressive behaviour?	Yes	No
How do you think your behaviour is seen by others?		



AOD / Substance Use: ▲

How often do you drink alcohol?	How often do you use other drugs/substances?	
Never	Never	
Occasionally	Occasionally	
Every week	Every week	
Every day	Every day	
If you take drugs, what drugs are you most likely to take?		
Are you willing or are you currently getting support for this?	Yes	No
If you are getting supports, who are your supports through?		



Legal ▲

Do you have any outstanding legal issues?	Yes	No
If yes, please explain?		
Are you currently on probation or a community service order?		

Income ▲

What is your main source of income?	
Employment	Nil Income
Centrelink payment	Rather Not Say
What is your total income per fortnight?	
Have you ever had any problems with gambling?	



Reference:

We would like you to supply two references for us. This could be your Case Manager, Support Worker or Teacher etc. Please provide name, job title and phone number.

REFERENCE 1

Name	
Job Title	
Phone Number	

REFERENCE 2

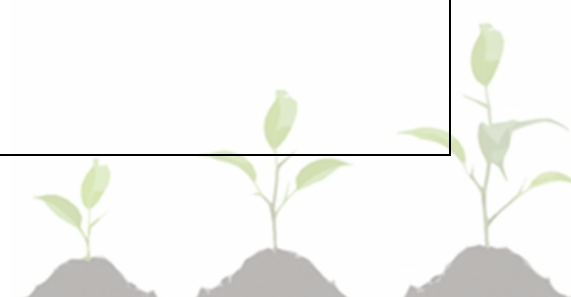
Name	
Job Title	
Phone Number	



Finally

How do you hope the Foyer can help you?

Is there anything else you think is important for us to know while considering your application?



Informed Consent GCYS Acknowledgement & Consent to Collect/Share information

Client		
Worker/s		
Dates		
Start		
Review		
End		

I acknowledge that GCYS have informed me that the personal information they collect, is necessary in providing me a service individually tailored to meet my needs.

I have been informed about what information may be collected and how it may be collected. I have also been informed about how my information will be stored and how it may be used.

GCYS have informed me about my privacy rights and assured me that my personal information (including sensitive information) will be managed in accordance with both the Privacy Act 1988 (Comm) and the Information Privacy Act 2009 (QLD).

I understand that consent is voluntary and I can withdraw it at any time. I understand that I have the right to access or seek corrections to any of my information held by GCYS and know the steps I need to take to do this.

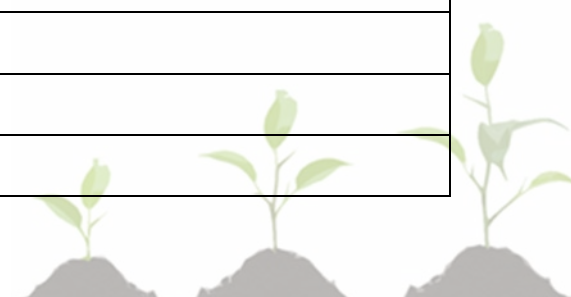
I understand that GCYS utilise secure online IT data management systems and that non-identifying information will be provided to funding bodies for research, reporting and statistical purposes.

I understand that I have the right to provide feedback at any time about any part of the service that I receive, including making a complaint and have been informed of the steps I need to take to do this.

I have been informed of where I can read/obtain a full copy of the GCYS Privacy Policy

I authorise GCYS to request/share information pertaining to their involvement with me with the following agencies/individuals for reasons as identified in my support plan.

e.g., Community Housing QLD - housing	



Restrictions to Consent	

I do understand that information (excluding sensitive information) obtained may also need to be shared with others without my express agreement but will only be done if it relates to the primary purpose for which it was collected, a directly related purpose, or where another exemption under the Privacy Act applies.

I acknowledge that I have been informed of and understand all the above.

Client Signature		Date	
Parent/Caregiver		Date	
Witness/Worker		Date	

