

GOLD COAST YOUTH SERVICE
YOUTH ACCOMMODATION PROGRAMS
INITIAL APPLICATION FORM

**Completed applications can be submitted at the GCYS office 15 Oak Ave Miami or
emailed to Tenancy Manager: israel@gcys.org.au**

If you require support understanding or completing this application, please call (07) 5572 0400 or 0402 381 192 to speak with a staff member.

Client Details:

Name		Date of Birth	
Telephone		Age	
Email			
Current Address			
Suburb		Postcode	

Eligibility for accommodation programs: You must be homeless or at risk of homelessness and aged between 16 – 25yrs of age.

Requirements of programs: The program is an externally supported transitional housing program. This means that while residing at the property you must be willing to actively participate in case management with GCYS staff. You must accept referrals to other support and/or professional services identified in your case management plan. You must actively participate in any life skills and tenancy training workshops, meetings with staff and special events.

Tenancy conditions & obligations: Acceptance of the terms and agreements: Acceptance of the terms and conditions stated in the GCYS Annexure to Tenancy Agreement is also part of all accommodation agreements. The tenancies are periodic lease agreements based on duration of need. Tenancy reviews are also conducted every three months and these reviews are used to assess if a young person should continue in the program or begin the transition planning process.

Assessment & Allocation Process:

Once this initial application is completed, the shortlisted applicants will be invited to a face-to-face interview with the Tenancy Manager. Once these interviews are completed an allocation will be made and the successful applicant will be contacted with an intake date (move in date), this is where all entry documentation is completed with Tenancy Manager, young person is given keys to the property and are taken to the property by Tenancy Manager for induction & completion of safety checklist.

Were you born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, in what country were you born	
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Do you have any dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many and their ages	
Do your child/children live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Housing

What is your current housing situation?

- At risk of homelessness
 Homeless
 Refused

Where do you currently sleep most frequently?

- Family or Friends Hostels/caravan parks etc
 Crisis accommodation Car/rough sleeper
 Refused

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
 Refused

What is the main reason you do not currently have accommodation or are losing current accommodation?

In the last 2 years how many times have you been homeless?

- Once Twice
 Three times or more Refused

Health and wellbeing

Are you able to take care of your basic needs such as showering, washing your clothes, cooking, and completing basic household chores/cleaning etc?

- Yes
 No
 Refused

Do you have a diagnosed medical condition?

- No
 Yes and currently receiving treatment
 Yes and currently not receiving treatment
 Refused

If yes, what is the diagnosed condition and how does it impact your day-to-day life?

Where or who were you diagnosed by? Please list.

Do you have a diagnosed mental health condition?

- No
 Yes and currently receiving treatment
 Yes and currently not receiving treatment
 Refused

If yes, what is the diagnosis and how does it impact your day-to-day life?

Where or who were you diagnosed by? Please list.

In the past 12 months have you self-harmed?

- Yes
- No
- Refused

In the past 12 months have you had a suicide attempt?

- Yes
- No
- Refused

In the past 12 months have you threatened to, or tried to harm someone else?

- Yes
- No
- Refused

How many times in the last 12 months have you received care at a hospital emergency department or been hospitalised as an inpatient for mental health reasons?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Nil | <input type="checkbox"/> Once |
| <input type="checkbox"/> Twice | <input type="checkbox"/> Three or more |
| <input type="checkbox"/> Refused | |

How many times in the last 12 months have you received care at a hospital emergency department or been hospitalised as an inpatient for general/physical health reasons?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Nil | <input type="checkbox"/> Once |
| <input type="checkbox"/> Twice | <input type="checkbox"/> Three or more |
| <input type="checkbox"/> Refused | |

Is there currently an Involuntary treatment order (ITO) in place?

- Yes
- No
- Refused

AOD / Substance Use

How often do you drink alcohol?

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Occasionally |
| <input type="checkbox"/> Every week | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Refused | |

How often do you use other drugs/substances?

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Occasionally |
| <input type="checkbox"/> Every week | <input type="checkbox"/> Every day |
| <input type="checkbox"/> Refused | |

What are your drug(s) of choice?

Legal

Do you have any outstanding legal issues?

- Yes
- No
- Refused

If answered yes, please explain?

Are you currently on probation or a community service order?

- Yes
- No
- Refused

Income

What is your main source of income?

- Employment
- Centrelink Payments
- Nil Income
- Refused

What is your total income per fortnight?

\$

More about yourself

Have you ever lived in share accommodation before?

- Yes
- No

What do you think is important when living in shared accommodation?

Are you currently in education? If so where and what are you studying?

If you are currently not in education/training or employment, what is your main goal? To commence education or secure employment?

How do you think our accommodation program could help you?

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

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Do you have any pets? Yes No No./Type

Please list other homelessness services you have accessed past and present.

This includes crisis accommodation, refuges, and transitional housing programs:

1	
2	
3	
4	
5	

Please list any other organisations or government departments you have accessed:

1	
2	
3	
4	
5	

Your right to privacy and confidentiality means we cannot collect and share information for the purpose of determining suitability for the accommodation program without your consent:

I (the applicant) acknowledge that GCYS has advised me that they are collecting and sharing information about me for the purpose of assessing my needs for service and the accommodation program assessment and allocation process. I hereby give my consent for GCYS to share information with other appropriate services.

Name of applicant	
Signature of applicant	
Date	