



# Young People in Care Housing Application

**Instructions** This application must be completed for young people 15-25 years of age in the care of the CEO of the Department of Communities – Child Protection (CPFS), as part of planning for leaving care. Please refer to the Department of Communities website or Operational Guidelines for the Housing application process for young people leaving and those who have left care in the Case Practice Manual (CPM).

**Note:**

1. The Department of Housing and Works cannot progress with housing assistance unless this form is completed and all required documentation is submitted.
2. This application must be lodged as soon as possible after the initial Leaving Care Plan at 15 years of age.
3. This document must be signed by either:
  - The appointed guardian of a young person under 16 years of age, or
  - A young person over 16 years of age who has the legal capacity.
4. All applications must be submitted through the [leavingcareregister@dohw.wa.gov.au](mailto:leavingcareregister@dohw.wa.gov.au) mailbox. Any other type of submissions, including submissions to local district/housing offices, will **NOT** be processed.
5. Please read the brochure '[Applying for rental accommodation](#)' for help with answering questions.

## Leaving care – Housing Options Assessment

### Housing options

Have you explored all other housing options and deemed them not suitable? (i.e. NRAS, Private Rental or Youth Accommodation)

Yes ☐ No ☐

If yes, please provide details.


### Young person's details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

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First name

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Second name

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Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

☐ Male ☐ Female

☐ X (indeterminate, intersex or unspecified)

Address line 1

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Address line 2

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Suburb/Town

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State

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Postcode

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Phone 1

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Phone 2

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Email


If you provide an email address or mobile phone number, you will receive electronic communication including important text messages or emails from us. You can update your preferences at any time by contacting your closest Housing office.

Centrelink ref

 -  -  - 

Have you been known to the Housing Authority by any other name?

Yes ☐ No ☐

Surname

First name

Second name

### Incarcerated Tenants

Are you currently serving a term of imprisonment?

Yes ☐ No ☐

If 'Yes' what is your Earliest Eligibility Date (EED) for release?

### Department of Communities – Child Protection and Family Support

Case Worker

Office and address

Address line 1

Address line 2

Suburb/Town

State

Postcode

Phone

Email

Date

### Communication Requirements

1. Do you speak a language other than English and require an interpreter when engaging with the Housing Authority?

Yes ☐ No ☐

What language?

2. Do you have a hearing impairment and require an interpreter when engaging with the Housing Authority?

Yes ☐ No ☐ Auslan ☐

3. Do you have a speech impairment and require an interpreter when engaging with the Housing Authority?

Yes ☐ No ☐

### Contacts

4. Next of kin name

Address line 1

Address line 2

Suburb/Town

State

Postcode

Phone

Email

Relationship to Client

5. Family/friend name

Address line 1

Address line 2

Suburb/Town

State

Postcode

Phone

Register for **Housing Online** to update your contact details or view your social housing application.  
Go to [housingonline.dohw.wa.gov.au](https://housingonline.dohw.wa.gov.au)

Medical and Disability Information

6. Do you have a permanent medical condition or disability which impacts your housing needs?

Yes ☒ No ☐

Please record this information on the Household Details table on page 4.

7. Are support services required to live independently?

Yes ☒ No ☐

What level of daily support do you need to live independently?

- ☐ up to 5 hours daily  
☐ 6-12 hours daily  
☐ over 12 hours daily

Household Medical and Disability Information

To assist with completing the table over the page, please use the below codes to help you populate the table as required.

It is in your best interest to advise the Department of Housing and Works if anyone in your household has a disability or medical condition so that advice can be provided on the most suitable housing products.

8. Do any members of your household have a permanent medical condition or disability which impacts on housing need?

Yes ☒ No ☐

If YES, record the relevant numbers next to the household member in the table on page 4.

- |                     |           |                           |
|---------------------|-----------|---------------------------|
| <b>Physical</b>     | <b>1</b>  | Lower Limbs               |
|                     | <b>2</b>  | Upper Limbs               |
|                     | <b>3</b>  | Spinal                    |
|                     | <b>4</b>  | Multiple                  |
| <b>Other</b>        | <b>5</b>  | Neurological              |
|                     | <b>6</b>  | Cognitive                 |
|                     | <b>7</b>  | Chronic Medical Condition |
| <b>Sensory</b>      | <b>8</b>  | Hearing Impaired          |
|                     | <b>9</b>  | Sight Impaired            |
| <b>Intellectual</b> | <b>10</b> | High support need         |
|                     | <b>11</b> | Low support need          |

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continue over page

9. Household details. Complete the following details for every person, including dependent child/ren, living in your household.

Title Mr Mrs Miss Ms	Surname	First Name	Second Name	Date of Birth	Gender M/F/X	Gross weekly income			Bank savings	Other income	Disability (see page 3 question 8)	Indigenous Status (see below)	Residency Status (see below)
						Pension type	Pension amount	Wages or salary**					

Main Client

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Partner

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Joint Clients

(Joint Clients are those people other than your partner who wish to be part of the household and who intend to sign a Tenancy Agreement should you apply for public housing.)


Other Household Members

(Other Household Members include dependents and non-dependents)

Relationship to Main Client


~ Including regular overtime

\*\* **Income is weekly and gross** (income amount before tax). If you receive wages or a salary, you need to include overtime income.

^ Other income includes income and assets such as child maintenance, superannuation and managed investments.

**Income Confirmation Scheme (ICS):** Centrelink customers can choose to **have their payments and assets electronically verified** by submitting an **Income Confirmation Scheme Consent form**. If you or any of your householders do not choose to access this service, documentation confirming income and assets must be provided.

- Indigenous status**
- 1 Both Aboriginal and Torres Strait Islander
  - 2 Aboriginal
  - 3 Torres Strait Islander
  - 4 Neither Aboriginal or Torres Strait Islander
  - 5 Not provided

- Residency status**
- 1 Australian born/citizen
  - 2 Permanent resident
  - 3 Sponsored migrant
  - 4 Refugee
  - 5 Asylum seeker
  - 6 Temporary Visa
  - 7 New Zealand citizen
  - 8 Not provided

## Current Circumstances

This information will be used to ensure that the Housing Authority understands your housing needs. Answer these questions with consideration of everyone who forms part of this household.

### 10. What is your current living situation? (Choose one only)

☐ Primary homeless (sleeping in vehicle/on the street)

Go to question 12

- ☐ Secondary homeless (temporary shelter)
- ☐ Tertiary homeless (boarding house/transitional accommodation)
- ☐ Renting a public housing property
- ☐ Renting a community housing property
- ☐ Renting an Aboriginal housing property
- ☐ Renting in a private rental property
- ☐ My own home
- ☐ In supported accommodation
- ☐ With family and/or friends
- ☐ At a caravan park
- ☐ Prison
- ☐ Hospital

### 11. How long can you remain in your current living situation?

- ☐ Must leave immediately
- ☐ Up to 2 weeks
- ☐ Between 2 weeks to 6 weeks
- ☐ Between 6 weeks to 3 months
- ☐ Between 3 months to 6 months
- ☐ I am not required to leave

### 12. Why do you need to leave your current living situation? (Choose one only)

- ☐ I am currently homeless
- ☐ I am not required to leave
- ☐ A member of my household is experiencing or is at risk of violence or harm
- ☐ My lease is ending and I am unable to renew this lease
- ☐ I have an impending eviction
- ☐ My current housing is a barrier for the reunification of a child/ren into my care
- ☐ The location is preventing access to essential medical, educational or support services
- ☐ Current housing aggravates severe ongoing medical condition or disability
- ☐ My house is overcrowded and impacting the health and wellbeing of my household
- ☐ I am unable to afford current house and/or experiencing financial hardship

Continues ►

- ☐ For cultural reasons I need to leave my current housing situation
- ☐ My current housing does not meet my household needs due to its design/amenity
- ☐ I no longer meet the eligibility criteria
- ☐ Housing Initiated Transfer
- ☐ Property is substandard
- ☐ Currently staying at a Facility

### 13. Are you in rent arrears in your private rental property?

Yes ☐ No ☐ Not applicable ☐

How many weeks in arrears?

### 14. Do you need help to get a bond for a new tenancy in the private market?

Yes ☐ No ☐

### 15. Do you need help to pay rent arrears to keep your tenancy in the private market?

Yes ☐ No ☐ Not applicable ☐

### 16. What barriers are you experiencing when accessing suitable housing? (Choose one only)

- ☐ The local market is unaffordable
- ☐ I cannot find a property which meets my households location and/or property needs
- ☐ I require financial assistance to secure housing
- ☐ I have a poor tenancy history
- ☐ I do not have any barriers
- ☐ Other

  
  
  

## Asset Information

### 17. Do you own or jointly own any real estate or land?

Yes ☐ No ☐

Why are you unable to live in the property?

- ☐ Family Violence
- ☐ Pending Property Settlement
- ☐ Vacant land
- ☐ Health reasons
- ☐ Unsuitable to live in
- ☐ Other

## Your Housing Preferences

This section allows the Housing Authority to understand the impact of your current circumstances on your housing needs in terms of housing design, amenity level or proximity to appropriate medical and support services.

18. Which zone or country town would you prefer to live in? (see the **"Which zone is for you"** brochure for the list of zones)

19. Do you need to live in a specific suburb?

Yes ☐ No ☐ Go to question 21

If yes, which suburb?

20. Why do you need to live in a specific suburb?

- ☐ Medical or mental health services  
☐ Care of children  
☐ Family support and care needs  
☐ Educational needs  
☐ Employment  
☐ Transport

21. Do you require a level block?

Yes ☐ No ☐

## Referral to Community Housing Organisations

Not for profit, Community Housing Organisations provide affordable rental housing for people on low to moderate incomes.

The Housing Authority will provide your details to Community Housing Organisations. Being joint waitlisted widens your housing choices and may reduce your wait time.

☐ If you do not want to be joint waitlisted, please tick this box.

22. Do you have child access arrangements in place?

Yes ☐ No ☐

23. Do you need to be close to public transport?

Yes ☐ No ☐

24. Do you need to be close to medical facilities?

Yes ☐ No ☐

25. Do you require property modifications?

Yes ☐ No ☐

26. Do you require kitchen modifications?

Yes ☐ No ☐

27. Do you require toilet modifications?

Yes ☐ No ☐

28. Do you require bathroom modifications?

Yes ☐ No ☐

29. Does a member of your household use a wheelchair?

Yes ☐ No ☐

30. Do you have a pet(s)? (having a pet may increase your wait time)

Yes ☐ No ☐ Go to Declaration and Consents

31. What type of pet?

- ☐ Medium/large dog  
☐ Birds  
☐ Small dog  
☐ Cat  
☐ Other give details

  
  

32. How many pets?

33. Is the pet a support animal?

Yes ☐ No ☐

## Declaration and Consents

### I declare that:

- the information provided as part of this application is true and accurate.

### I understand that:

- giving false and misleading information is an offence and my application may be withdrawn.
- I consent to the Housing Authority providing relevant personal details to Community Housing Organisations for the purpose of consideration for a Community Housing property.
- I may need to provide further information if requested.
- If I decline a valid offer of accommodation, I may be withdrawn from the waiting list.
- I consent to my information being shared with service providers if the Department of Housing and Works, or Housing Authority, or any other officers engaged by or operating within these entities, forms the view that I may benefit from support programs, services or interventions.
- I understand that I can withdraw my consents at any time.

All information provided will only be released in accordance with the Housing Authority's Privacy, Confidentiality and Duty of Care Policy. The Housing Authority operates within the Department of Housing and Works. For more information go to [dohw.wa.gov.au](http://dohw.wa.gov.au)

Main applicant signature

Date:

## Client consent to exchange information

I,

have been advised that this consent form is to enable the agencies listed below to share and exchange relevant information with the Department of Housing and Works to support me in my application for housing as a young person transitioning from care. I understand that any information exchanged will be solely for this purpose.

Support agencies currently involved with me, that I agree can share information with the Department of Housing and Works, are:

### Support agency name 1

Contact person

Phone

Email

Support end date

D	D	M	M	Y	Y	Y	Y
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### Support agency name 2

Contact person

Phone

Email

Support end date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

### Support agency name 3

Contact person

Phone

Email

Support end date

D	D	M	M	Y	Y	Y	Y
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## Other

Contact person

Phone

Email

- ☐ I am aware of my right to withhold or withdraw consent at any time.
- ☐ I understand that such information will be treated in a confidential manner and that if it is published for statistical purposes in any way, it will not identify any member of my family or me.
- ☐ I understand that I have the right to make a formal complaint through my support agency, advocate or the Department of Housing and Works if I am dissatisfied with the way my information has been released or used.
- ☐ I have received a copy of this consent form and the reason for this form has been explained to me.

Name (young person)

Signature



Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If young person is under 18

Name of Child Protection Worker

Signature of Child Protection Worker



For this Application to be accepted, the following support documents **MUST** be provided

### Proof of identity

All householders must have their identity verified. You need to provide evidence to confirm birth or arrival in Australia and documents that demonstrate identity within the community.

Have you attached evidence of birth or arrival in Australia?

Yes ☐ No ☐

All applicants, partner and joint applicants must be living in Western Australia. You need to provide documentation confirming that applicant, partner and joint applicants live in WA.

Refer to the **Evidence Requirements Fact Sheet** for a list of acceptable documents.

Have you attached evidence of living in WA?

Yes ☐ No ☐

### Proof of income

Please provide a current Centrelink income statement OR complete an **Income Confirmation Scheme (ICS) Consent form**.

**Please Note:** The ICS form must be signed by the young person or the application cannot be accepted.

(A young person under 16 years of age is not required to sign the ICS until they turn 16 and are eligible to receive Centrelink payments).

### Housing and support arrangements

Ensure that the you specify with whom the young person is living with at the moment, any issues which need to be considered when allocating housing, and what supports are in place to ensure that the young person has the capacity to move to independent living.

Please attach supporting documents for housing and support arrangements.

### Property ownership

If your household owns, part owns or is in the process of buying residential land or property, you need to provide evidence to support the reasons you are unable to live in the property or that you are in the process of selling or releasing the property.

Refer to the **Evidence Requirements Fact Sheet** for a list of acceptable documents.

Please provide evidence of property ownership, if applicable.

### Supporting medical information

If for medical reasons you are unable to access a property with stairs or steps, you need to provide a **Medical and Disability Information Form** or **Occupational Therapist Assessment** completed by your medical professional.

For the purpose of providing the most suitable accommodation for your particular needs in terms of **location**, you need to provide a **Medical and Disability Information Form** completed by your medical professional or a written confirmation from government agency or body.

For the purpose of providing the most suitable accommodation for your particular needs (including modifications), you need to provide a **Medical and Disability Information Form** completed by your medical professional, an **Occupational Therapist Assessment** or a written confirmation from a government agency or body.

Refer to the **Evidence Requirements Fact Sheet** for a list of acceptable documents.

Have you provided a completed Medical and Disability Form and any support documentation?

Yes ☐ No ☐

**Note:** If the young person has a disability that limits their capacity to live independently, an application to the Community Disability Housing Program (CDHP) should be completed. Please discuss this with the officer receiving the application when submitting.

### Child Access Arrangements

For bedroom assessment purposes, you need to provide evidence that you have ongoing care arrangements for the child(ren) from a government or support agency or body, a solicitor or an advocate.

Please provide evidence of child access arrangements, if applicable.