

FAMILY ACCESS NETWORK

Creating Connections Private Rental Brokerage Referral Form



Date of Referral _____

Client Details

Name: _____

Identified Gender: _____ Date of Birth: _____

Preferred Pronouns: _____

Are you part of the LGBTIQ+ Community? _____

You do not need to disclose this information however we ask as we have LGBTIQ+ specific services at FAN

Identifies as: ☐ Aboriginal ☐ Torres Strait Islander

☐ Both ☐ Neither

Country of Birth: ☐ Australia ☐ Other: _____ Year of Arrival: _____

CALD: ☐ Yes ☐ No Language at home: ☐ English ☐ Other: _____

Contact Details

Phone Number: _____

Email Address: _____

Children's Names and Ages: _____

Address Detail

Street: _____ Suburb: _____

State: _____ Postcode: _____

Emergency Contact

<u>Given Name</u>	<u>Family Name</u>	<u>Contact No</u>	<u>Relationship</u>

Referral Details

Organisation: _____ Program: _____
Referrer's Name: _____ Job Title: _____
Phone Number: _____
Email Address: _____
Comment: _____

Other Linked In Services

Current Accommodation

Description: _____
Rent Amount: _____
Tenancy Issues: _____

Employment

Occupation: _____
Employment Conditions: F/T P/TCasual Permanent

Income

Fortnightly Income: _____ Income Source: _____
CRN: _____

Needs Assessment

Legal Issues:

Drug & Alcohol

Mental Health

Disability

Health Issues

Living Skills

Family Relationships

Gambling

Cultural

Support
