

SECTION 1 - SUPPORT AGENCY REFERRAL (to be completed by Referring Agency)

Agency Details

Name of agency: Housing Choices South Australia

Contact officer:

Address: 192 Waymouth Street, Ground Floor, Adelaide SA

Postcode: 5000

Telephone: 1300 312 737

Other: infosa@hcau.org.au

Agency file number:

Customer Consent to Exchange Information (to be completed by customer)

I _____ (Enter Name of Customer) of
_____ (Enter Customer's Address) hereby give
permission for _____ (Enter Name of Agency) to provide the
information given in this form to **Housing Choices South Australia**.

I understand this information will be used to assess my need for accommodation and to confirm any special housing requirements that I have. I further confirm that this information may be used by **Housing Choices South Australia** for statistical purposes.

I also understand that if I do not provide all the information requested, **Housing Choices South Australia** may not be able to assess my need for community housing, or confirm any special housing requirements that I may have.

In addition, I give permission for **Housing Choices South Australia** to exchange information with
_____ (Referring agency name) concerning the outcome of my
Registration of Interest including the address of any property allocated to me and the tenancy start date.

I understand that I can withdraw this consent on written notice to **Housing Choices South Australia**.

Signature: _____ Date: _____

Please note

- If the customer does not have a current Registration of Interest lodged, an ROI form must be completed and returned with this form.