



Government  
of South Australia

SA Housing Trust

# Housing needs assessment form

# Housing needs assessment form

A housing provider or support worker completes this form for customers who have either:

- an urgent or high need for public, Aboriginal or community housing
- an urgent or high need for a public or Aboriginal housing transfer.

Public and community housing providers use the information on this form to:

- assess the customer's housing need
- match the customer to potentially suitable properties when they become available.

## What you need to do

1. Complete this form.
2. Attach any other information or documents that verify the customer's circumstances.
3. Attach either a completed:
  - Registration of interest in housing form, if the customer hasn't already registered their interest
  - Registration for transfer form, if they're a public or Aboriginal housing tenant who wants to transfer to another public or Aboriginal housing property
  - Change of circumstances form if the customer's needs or situation has changed since they either registered their interest in public or community housing, or registered for a transfer.

These forms are available online at [www.sa.gov.au/housing](http://www.sa.gov.au/housing), or contact the SA Housing Trust.

4. Return this form to either:
  - the SA Housing Trust
  - the customer's preferred community housing provider.

## Contact

**If you need help or have questions about this form, please contact the SA Housing Trust:**

Phone: 131 299

Email: [housingcustomers@sa.gov.au](mailto:housingcustomers@sa.gov.au)

GPO Box 1669,  
Adelaide SA 5001

[www.housing.sa.gov.au](http://www.housing.sa.gov.au)

### Office use only

Date received: \_\_\_\_\_

Staff user ID: \_\_\_\_\_

Customer name: \_\_\_\_\_

Person reference number: \_\_\_\_\_

# Housing needs assessment form

## Customer's details

Full name:

Date of birth:

Person reference number:

## Agency details

Include details of the agency completing this form.

Name of agency:

Agency file number:

Contact officer:

Address:

Phone:

Email:

## Current accommodation

Select all that apply to the customer's situation.

- ☐ Sleeping rough or in non-conventional accommodation - *eg on the streets, sleeping in parks, squatting, living in a car or an improvised dwelling.*
- ☐ In short-term or emergency accommodation due to lack of other options - *eg refuge or crisis shelter, couch surfing, living temporarily with friends or relatives, hotel or short stay caravan park.*
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Renting privately     | <input type="checkbox"/> Public or Aboriginal housing | <input type="checkbox"/> Community housing |
| <input type="checkbox"/> Share housing         | <input type="checkbox"/> Caravan park (long stay)     | <input type="checkbox"/> Boarding house    |
| <input type="checkbox"/> Institutional care    | <input type="checkbox"/> Supported accommodation      | <input type="checkbox"/> Own home          |
| <input type="checkbox"/> Hospital/nursing home | <input type="checkbox"/> Other:                       |  |

How long has the customer been living there:

Provide any other relevant details about their living situation:

## Why they need to leave their current accommodation:

- |  |  |
|--|--|
| <input type="checkbox"/> Domestic or family violence         | <input type="checkbox"/> Natural disaster - <i>eg fire, flood</i>  |
| <input type="checkbox"/> They're the victim of a major crime | <input type="checkbox"/> The property's unsafe - <i>eg roof caving in</i>  |
| <input type="checkbox"/> The location's unsuitable           | <input type="checkbox"/> Their housing situation poses an imminent and serious threat to life, health and wellbeing. |

# Housing needs assessment form

## If they're living in private accommodation:

- |  |  |
|--|--|
| <input type="checkbox"/> The lease has expired       | <input type="checkbox"/> Rent's unaffordable                 |
| <input type="checkbox"/> Relationship breakdown      | <input type="checkbox"/> They've received an eviction notice |
| <input type="checkbox"/> They've been asked to leave |  |

## If they're renting public, Aboriginal or community housing:

- |  |   |
|--|---|
| <input type="checkbox"/> Persistent harassment   | <input type="checkbox"/> Unresolved neighbour dispute |
| <input type="checkbox"/> Health or medical reasons   | <input type="checkbox"/> The property's overcrowded   |
| <input type="checkbox"/> They need to be closer to supports - <i>eg specific medical clinic.</i> |   |

What date do they need to leave their current accommodation by:

Provide more detail about why they need to leave:

## Accommodation history

Provide detail about where the customer's lived over the last three years, including:

- how long for
- why they had to leave
- any other relevant information

# Housing needs assessment form

## Barriers to accessing accommodation

Select all that apply.

### Why they can't access or maintain private accommodation:

Don't complete this section if the customer's renting public, Aboriginal or community housing.

☐ Long-term health issues

☐ Long-term financial hardship

☐ Long-term disability issues

☐ Leaving institutional care

☐ Discrimination

☐ Chronic lack of social skills

Provide more detail about their barriers to accessing accommodation:

## The housing options available

Explain what steps have been taken to access these options or why they aren't an option.

Buying their own home

☐ Yes ☐ No

Private housing

☐ Yes ☐ No

Support to maintain their current accommodation

☐ Yes ☐ No

Supported or transitional housing

☐ Yes ☐ No

Other housing options

☐ Yes ☐ No

# Housing needs assessment form

## Support options

### Existing support

What supports are currently in place, and who in the customer's household receives them?

Who receives the support:

Agency:

Start date:

H2H number, *if known*:

Type of support provided:

Who receives the support:

Agency:

Start date:

H2H number, *if known*:

Type of support provided:

Who receives the support:

Agency:

Start date:

H2H number, *if known*:

Type of support provided:

### Additional supports needed

What other supports are needed and which agencies you've referred them to?

Who needs the support:

What type of support is needed:

Agency you referred them to:

Who needs the support:

What type of support is needed:

Agency you referred them to:

Who needs the support:

What type of support is needed:

Agency you referred them to:

# Housing needs assessment form

## Category recommendation

Recommend a registration of interest category based on your assessment and knowledge of the customer's situation.

☐

### Category 1

People who are homeless, at risk, and have long-term barriers to accessing or maintaining private housing options.

Public or Aboriginal housing tenants who are at risk in their current home and are experiencing tenancy issues which make their current home unsuitable in the long-term.

☐

### Category 2

People who have long-term barriers to accessing or maintaining private housing options.

Public or Aboriginal housing tenants who are experiencing tenancy issues which make their current home unsuitable in the long term.

☐

### Category 3

People who don't have urgent housing need or long-term barriers to other housing options.

☐

### Category 4

Public or Aboriginal housing tenants who register and are approved for a transfer, but aren't eligible for Category 1 or 2.

Provide reasons for your recommendation:

## Housing needs assessment outcome

The customer's preferred housing provider completes this section.

Category approved:

Date:

Approved by:

Position:

Agency:

Reason for decision:



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