

**Canefields Clubhouse Housing Program**

**Application/Referral form**

First Name: \_\_\_\_\_

Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Are you a current member of Canefields Clubhouse?  Yes  No

Please tick you r diagnosed mental illness that may apply to you

- Schizophrenia                       Bi-polar                       Dissociative identity disorder
- Schizo-affective disorder             borderline personality
- Depression (Clinical)                 PTSD                       Other-psychotic disorder
- Other: Personality disorder

OTHER :(Please describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone \_\_\_\_\_

Case worker: \_\_\_\_\_ Phone \_\_\_\_\_

Other: \_\_\_\_\_ Phone \_\_\_\_\_

Is case worker from a Mental Health clinic? \_\_\_\_\_

Community support, Name                      Phone \_\_\_\_\_

Other (Name)                                      Phone \_\_\_\_\_

Do you give permission for Canefields Clubhouse to contact these people about your application?

Do you have a motor vehicle that you will use at

Rego No : \_\_\_\_\_ License No : \_\_\_\_\_

Make of car \_\_\_\_\_ Colour \_\_\_\_\_

**Support**

Canefields Clubhouse housing program does provide limited support to actively of daily living for members.

Please tick below if you require assistance with any of the following

- |           |                              |                             |            |                              |                             |
|-----------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Cleaning  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bed making | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooking   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shopping   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Budgeting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Laundry    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**RISK ASSESSMENT**

Canefields Clubhouse housing program aims to be a safe place for all tenants. Please answer the following questions open and honestly. You will have an opportunity to discuss all answers with staff prior to your application being assessed .All information collected will remain confidential.

Do you have a history of aggression to property or persons? Yes No

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Do you have a history of drug and / or alcohol dependency?  Yes No

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Do you currently use any illegal substances?  Yes No

**If you consume alcohol, do you understand that alcohol is not permitted at any properties owned or managed by Canefields Clubhouse and that you are not able to be on the property if you are intoxicated?**

Do you have any history of a custodial sentences?  Yes  No

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If yes, please list details and names of supports persons including parole officer/forensic team

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Name \_\_\_\_\_ Position \_\_\_\_\_ Ph \_\_\_\_\_

Name \_\_\_\_\_ Positon \_\_\_\_\_ Ph \_\_\_\_\_

Is there anything else you think we should know?

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Applicant signature: \_\_\_\_\_

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

Reviewed June 2019