

# Application & Referral Form

Please return the completed form to:

**Coordinator RESOLVE Program**

Email: [resolve@rfq.com.au](mailto:resolve@rfq.com.au)

For further information, please contact the:

RESOLVE North or South Office on 0458 807 498

**Information for potential clients**

Richmond Fellowship Queensland's (RFQ) RESOLVE program provides short term support for people living in social housing. RFQ staff will work together with you to improve and maintain your tenancy; improve your mental health and establish links and connections in your local community.

**Section 1: REFERRER DETAILS**

Referral Date:	
Referrers Name:	
Organisation:	
Position:	
Email:	
Phone:	Fax: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>

**Section 2: CLIENT DETAILS**

Name:			
DOB:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Address:			
	<i>(Street address)</i>		
	<i>(Suburb)</i>	<i>(State)</i>	<i>(Post Code)</i>
Phone 1:		Phone 2:	
Housing Provider:			
Income Source:			
Payment Type:			
ATSI:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, provide detail:</i>			
CALD:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, indicate:</i>	Country of Birth: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>		
	Primary Language: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>		

**Section 3: SUPPORT DETAILS**

Describe the nature of the persons mental illness:	
Detail tenancy support needs the person may have:	
Detail other services involved with supporting this client:	
Detail any personal or environmental considerations that RFQ staff need to be mindful of when entering the property: <i>(e.g., dogs on the property, current alcohol or drug use, etc.)</i>	

**Section 4: Consent to refer to the RESOLVE program**

- (i) I consent for my HOUSING PROVIDER to disclose information about me to the RESOLVE program for the purpose of determining eligibility into the program.
- (ii) I understand that it may be necessary for RESOLVE staff to seek further information from the HOUSING PROVIDER to discuss my housing and support needs. I understand that any information that is collected will be stored in a secure and confidential manner and that I can request a copy of the RFQ's privacy and confidentiality policy. I also understand that a condition of RESOLVE's funding is that de-identified information may be provided to the funding body about services provided.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Referrer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

*We will contact you within 48 hrs for further details to determine eligibility for the service and to progress the referral.*