



# Client Support Letter

## From Client's Health Professional/Support Provider

**Note:** This form is for clients to give their health professional or support provider to complete in order to provide documentation that supports their application for housing assistance and need to live in a high demand area (if applicable).

### Health Professional/ Support Provider Details

Name of health professional or agency:

Address:

	Postcode:	

Telephone number:

#### Authorisation of client using support service

I give permission to the Department and my support provider to discuss or confirm in writing on my behalf, where necessary, any relevant information (including health information) provided in this letter with an officer of the Department of Housing for the purpose of assessing my housing application.

Signature

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Client Details

Name of client:

Address:

	Postcode:	

### General Information

#### 1. What type of service are you providing for the client?

- Medical
- Mental Health
- Disability Support
- Home Care
- Other

If 'other', briefly describe below:

#### 2. How often does the client use the service?

- Daily
  - Weekly
  - Monthly
  - Other
- (describe below)

#### 3. How long has the client been using your service?

- Days
- Weeks
- < 1 month
- 1-6 months
- 6-12 months
- 1-2 years
- 2-5 years
- 5+ years

**4. Approximately, how long will the client need to continue receiving the service?**

- |            |                          |             |                          |
|------------|--------------------------|-------------|--------------------------|
| Days       | <input type="checkbox"/> | 6-12 months | <input type="checkbox"/> |
| Weeks      | <input type="checkbox"/> | 1-2 years   | <input type="checkbox"/> |
| < 1 month  | <input type="checkbox"/> | 2-5 years   | <input type="checkbox"/> |
| 1-6 months | <input type="checkbox"/> | 5+ years    | <input type="checkbox"/> |

**Housing Need**

**5. Is the client living in unstable housing?**

(For example, homeless, about to be evicted, staying with friends, in crisis accommodation)

- Yes  Please provide details below
- No  Please provide details below
- Don't know

**6. Is the client physically, emotionally, or psychologically at risk of harm where they are currently living?**

(For example, Domestic Violence, child abuse, assault, serious harassment)

- Yes  Please provide details below
- No  Don't know

**7. Is the client's current accommodation unsuitable for their needs?** (For example, substandard, severely overcrowded, lacking in essential facilities)

- Yes  Please provide details below
- No  Please provide details below
- Don't know

**8. Does the client require a modified property due to a medical condition or disability?**

- Yes  Please provide details below
- No  Don't know

## Ability to Maintain a Successful Tenancy

**9. Is the client able to live independently with, or without, support?**

Yes (without support)  Go to question 11

Yes (with support)  Go to question 10

No  Please provide reasons below

**10. Is the client currently accessing the support services they need in order to live independently?**

Yes  Please provide details below

No  Please provide details below

Don't know

## Locational Need

**11. Does the client need to access support or other services in their requested area on a weekly basis?** (For example, medical /disability services, cultural facilities, employment, social supports)

Yes  Please provide details below & go to Question 12

No  Please sign and date support letter

Don't know  Please sign and date support letter

**12. Are these services available in other areas that the client can easily travel to?**

Yes  Please provide details below

No  Please provide details below

Don't know

**13. Is the applicant above to travel to other locations where their need for supports and services can be met?**

Yes  Please provide details below

No  Please provide details below

Don't know

Name of person providing support letter (please print)

Position

Signature

Date

/ /