Prospective tenants are to complete this form, along with proof of income and valid photo identification documents. Providing all information requested in this referral document will enable an assessment of eligibility to be completed without significant delay.

HYPA Housing by SYC

This application form is to help us get to know you and work out how ready you are to join HYPA Housing by SYC. It is designed to draw on your strengths, interests, and find out how motivated you are in achieving your goals. Equally, this may be the first time you have lived on your own and what support can we offer you to make living independently as stress-free as possible.

HYPA Housing by SYC is for young people aged 17-25 years who are homeless* or at risk of becoming homeless* and assessed by SYC as:

- Willingness to engage with the HYPA Housing Community Coordinator
- Currently engaged in 15 hours per week of education, training and/or employment.
- Single parent & young families: Willingness to actively seek a minimum of 15 hours per week in a productive activity such as employment, education, training, and/or volunteering.
- Sufficient living skills to live independently; and
- An ability to commit to community housing principles.

*** homeless means the young person's current living arrangement:**

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to, space for social relations.

HYPA Housing is a community and apartment-style living that offers up to a 24-month lease.

In HYPA Housing, young people receive:

- Affordable rent: financial sustainable housing options
- Access to responsive assistance throughout participation in the program
- A strength-based approach to linking them with their local community.
- Assistance to develop independent living skills.
- Targeted support to assist young people in establishing and sustaining their tenancy, connecting with community and services, understanding their tenancy responsibilities, and navigating key transition points throughout their housing journey.
- Transition support as they prepare to exit the program and move into independent accommodation.

Personal Details

Date of Referral:

Client Name: **Date of Birth:**

Gender Identity: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say

Preferred Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ Other

Contact Number:

Email Address:

Country of Birth: **If not born in Australia – Year of Arrival:**

Language preferred:

Do you identify yourself as Aboriginal or Torres Strait Islander?
☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Prefer not to say

How would you describe your residential status?
☐ Australian ☐ Permanent Resident ☐ Temporary resident ☐ Other

Visa Type:

How long have you lived in South Australia?

Income Source:
☐ Youth allowance (dependent) ☐ Youth Allowance (independent) ☐ Parenting payment single
☐ Parenting payment partnered ☐ Abstudy ☐ Austudy ☐ Job seeker ☐ DSP ☐ Paid Employment

Income:
Total Centrelink income amount:
Pay cycle: ☐ Weekly ☐ Fortnightly

Total paid employment amount:
Pay cycle: ☐ Weekly ☐ Fortnightly

Referral Details

How did you hear about HYPA Housing by SYC?
☐ Internet Search ☐SYC Website ☐Through a Friend ☐Word of Mouth ☐School
☐Referred by Agency (Please specify):

Did anyone support you in filling out this form: ☐Yes ☐No
Name:
Agency/ Organisation:
Contact Details:

Please provide details of any accompanying children or partner, friend or sibling if applying for a joint tenancy.

Name	DOB	Gender	Relationship to you

****Please fill in a separate application for an accompanying partner, friend, or sibling***

Preferred HYPA Housing Area:

- ☐ Adelaide
- ☐ Munno Para
- ☐ Mansfield Park
- ☐ Smithfield (Single Parents & Young Families only)
- ☐ No Preference

Current Housing Situation - Please tell us about your current housing situation.

Where are you living:
How long have you been here:
How much rent are you paying:
Do you have any pets? If so, what type of pet do you have?
Why do you need to leave:

Education and Training –

If you are currently enrolled or attending education or training, please provide the following details:

School or Institution you are attending or enrolled at:
Course Title:
Commencement Date:
Length of Course / School Year: Hours of commitment per week?
Which one of these options describes your motivation to get involved in education or training: ☐ I have no interest in education/training. ☐ I have not thought about education/training recently, but I am open to it. ☐ I am thinking about education/training but have not looked into it yet. ☐ I am motivated; I really want to get into education/training soon. ☐ I am so motivated that I am already involved in training/education.

- ☐ I am involved in training/education but thinking about leaving.

Employment – Are you currently employed? If so, please tell us about your job.

Job Title:

Place of Employment:

Hours per week that you work: Date Started:

Please describe your willingness and motivation to get involved in employment.

- ☐ I don't mind being unemployed.
- ☐ I have thought about getting a job/volunteering work, but I never seem to do anything to make it happen.
- ☐ I would like a job/volunteer work, and this is something I would like to work towards
- ☐ I have had a job/volunteer position in the past and I would like to find another.
- ☐ I already have a job/volunteer position and working is something that I value
- ☐ I already have a job/volunteer position but thinking about leaving.

Who is your Workforce Australia provider?

- ☐ SYC
- ☐ Workskill
- ☐ Mission Australia
- ☐ Jobs Statewide
- ☐ Other (please specify)
- ☐ Not Applicable

How often do you meet with your Employment Consultant?

Community Engagement

Which one of these options would you say most closely describes your motivation to get involved?

- ☐ I have no interest in getting involved in community activities or groups.
- ☐ It is not something I have thought about but would consider this.
- ☐ I am starting to think that I would like to get more involved in activities/groups.
- ☐ I am keen to get involved in activities/groups.
- ☐ I am already involved in groups/community activities
- ☐ I am already involved in groups/community activities but thinking about leaving?

Can you please describe any community activity that you are currently involved in?

Can you please describe an activity that you would like to get involved in?

How confident do you feel about getting involved in groups and social activities?

- ☐ Extremely confident
- ☐ Very confident
- ☐ Moderately confident
- ☐ A little confident
- ☐ Not confident

Goals - what would you like to achieve in:

1 month:

2 months:

3 months:

Strengths/Interests

Can you describe what your strengths are? i.e., organised, friendly, enthusiastic, etc.

Can you describe what your interests are? i.e., sport, reading, art, music, IT etc.

Independent Living

How often do you cook lunch or dinner?

- ☐ Once or several times a week
- ☐ Daily
- ☐ Once or several times a month
- ☐ Never

What are your favourite meals to cook?

How confident do you feel about being able to live in close proximity to others?

- ☐ Extremely confident
- ☐ Very confident
- ☐ Moderately confident
- ☐ A little confident
- ☐ Not confident

How often do you run into money problems?

- ☐ All the time
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Dealing with Conflict

Which of these statements sounds most like you?

When someone really annoys me;

- ☐ I walk away from the argument to cool down
- ☐ I shout and yell at the person and then make up
- ☐ I hold a grudge and make sure that I make them feel uncomfortable any time I am around them
- ☐ I get really angry in the moment and sometimes punch the person, which I regret later
- ☐ I punch or hit the person; I think they deserve it

Has there been a time where someone has upset, annoyed, or disrespected you? How did you respond to this situation?

Mental and Emotional Wellbeing

Have you had any concerns about your mental health? ☐ Yes ☐ No

Please tell us a bit more about this if yes to the above:

Have you ever been diagnosed with a mental health issue? ☐ Yes ☐ No

If yes, please tell us what the diagnosis was and a little bit more about it:

Do have a mental health care worker? Please provide the contact details of who your worker is and how frequently you have appointments:

Health

Please tell us about any physical health concerns you may have.

Do you have any mobility access requirements?

Drugs and Alcohol

Do you use drugs/alcohol?

- ☐ Yes - Please describe (what type, how often)
- ☐ No

Have you used drugs/alcohol in the past?

- ☐ Yes - Please describe (what type)
- ☐ No

When was the last time you used drugs/alcohol? In the last:

☐ Fortnight ☐ Month ☐ 3 Months ☐ 6 Months

Legal

Do you currently have any legal matters that you are dealing with? ☐ Yes ☐ No

Please tell us a bit more if yes to the above:

Do you require any legal support? ☐ Yes ☐ No

Do you have a Community Youth Justice or Corrections Worker?

Justice /Corrections Worker: Contact Details: ******Please attach a copy of any current bail conditions, orders, etc******
Additional Information – Is there anything else that you would like to add to your application?

Community Connections

We'd like to understand the people and services that are currently supporting you. This helps us identify the support you already have in place and any additional assistance that may benefit you during your time at HYPA Housing. Please list the people, organisations, or services you are currently connected with below:

Worker Name	Agency	Role	Phone	Email

References - Support Worker/Employment/Education/or Personal

These will be checked prior to any young person being approved for HYPA Housing

Reference 1		**Reference 2**	
Name		Name	
Contact number		Contact number	
Relationship		Relationship	
Email Address		Email Address	

I …… (young person's name) give my permission for the HYPA Housing by SYC Community Coordinator or any SYC staff member acting on their behalf, to contact the above people for the purposes of my application to live within HYPA Housing by SYC. The signed permission form will be located in my file.

Signature:_____Date:_____

SYC collects personal or sensitive information about you in order to provide SYC's services. SYC may need to disclose your personal or sensitive information to other agencies in order to provide the services you have requested but will only disclose the information which is necessary to provide that service. By completing this form you agree to SYC using or disclosing your information where necessary. You may also remain anonymous, however, SYC may be unable to provide the services you are requesting if you do not provide us with your personal or sensitive information. All personal and sensitive information collected by SYC is protected under the Privacy Act (1988) and the Australian Privacy Principles. SYC may also use aggregate or de-identified personal data for the purposes of program evaluation activities. SYC will not disclose your personal or sensitive information without your consent. Refer to SYC's Privacy Policy for further information.

SYC follows the South Australian Government Information Sharing Guidelines for promoting safety and wellbeing (ISG) and other State government Information Sharing Guidelines.

This means that SYC will work closely with other agencies to coordinate the best support for you and others. Under the ISG a person's informed consent for the sharing of information will be sought and respected in all situations unless:

1. *disclosure is authorised or required by law, or*
2. *(a) it is unreasonable or impractical to seek consent; or consent has been refused; and*
   (b) the disclosure is reasonably necessary to prevent or lessen a serious threat to the life, health or safety of a person or group of people.