



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility: Adahps

**SUPPORTED ACCOMMODATION
REFERRAL
(STANFORD, TRANSITIONAL & VILLA)**

When complete email to: seslhd-abc@health.nsw.gov.au

Client Details

Date of referral:	Is the client aware of the referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth:	Phone:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown <input type="checkbox"/> Not Specified	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <input type="checkbox"/> Gender Non-conforming <input type="checkbox"/> Prefer not to say	
Preferred Language:	Interpreter Required:
Aboriginal or Torres Strait Islander:	
Medicare No:	Valid to:
Centrelink Benefit Type:	CRN:
Current Housing Situation <input type="checkbox"/> No Perm Accommodation <input type="checkbox"/> Tenancy/Sharing (rental, Own) <input type="checkbox"/> Supported (Aged Care, AOD etc) <input type="checkbox"/> Other (specify):	
T-Number Pathway:	Pathway Status:
Area Preference:	
Number of stairs:	Number of bedrooms:
Alternative Person to Contact:	
Relationship:	Contact details:

Eligibility Criteria

<input type="checkbox"/> NSW Resident	<input type="checkbox"/> HIV Positive
<input type="checkbox"/> Accepted onto the Pathways wait list	<input type="checkbox"/> Case managed/Referred for case management
<input type="checkbox"/> HIV related brain impairment (HAND, PML)	<input type="checkbox"/> HIV related needs which prevent independent living

Housing Need

<input type="checkbox"/> Short term respite and stabilisation	<input type="checkbox"/> Medium to Long Term
<input type="checkbox"/> Live alone with support	<input type="checkbox"/> Shared living with support
Facility: <input type="checkbox"/> Stanford <input type="checkbox"/> Brougham <input type="checkbox"/> Ross <input type="checkbox"/> Bridge <input type="checkbox"/> Villa	



SES010481

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

NHS1216A 271123

**SUPPORTED ACCOMMODATION REFERRAL
(STANFORD, TRANSITIONAL & VILLA)**

SES010.481



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Housing and Support

Current Housing and Homelessness Situation:

Previous homelessness, tenancies and reasons for leaving:

Referrer Support Details (how long working with the client, details of support and engagement):

Current Support Services

Guardian Type and Name:

Financial Management:

Legal Order:

Probation/Parole:

HIV Treating Facility:

HIV Treating Physician:

GP:

Psychiatrist:

Psychologist:

Case Manager:

Social Worker:

Other:

Health

Date first Diagnosed with HIV:

Viral Load:

Date:

CD4 Count:

Date:

Medical Situation (past/present):

Medication Adherence and Costs (challenges of current living situation on adherence):

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Mental health situation (past/present – recent admissions, treatments, self-harm episodes):

Cognitive Capacity:

Alcohol and other drugs (history of violence or dealing, linked with AOD services):

Neuropsychological Report Available: Yes No

Neuropsychological Assessor's Name:

Date of Report:

Social and Other

Probation/Parole/Legal Issues (details of convictions, risks to others, history of violence):

Vulnerability (social and physical):

Positive aspects of facility (transitional, location, ADL, shared, staffed):

Risks to others in facility (aggression, DV, AOD, drug dealing, sex offender, close association with another person of risk):

Appropriateness of alternatives (include risk):

Exit from Accommodation (i.e. social housing, private rental etc):

Referrer Details

Name:

Organisation:

Address:

State:

Postcode:

Phone:

Email:



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