

# Please read before making a referral.

## **Main criteria for client selection.**

- a) A person or persons currently homeless OR a client or clients that have recently moved into accommodation after a period of homelessness and within one month of moving into the premises.
- b) The Client being referred must live within 15 Kilometres of the facility providing the material aid.

## **Referral from a Not For Profit Charity / Community Group or Government Department.**

- a) The Client(s) being referred must be a current client of the organisation that has sent a referral. The client cannot be referred from one organisation to another and then referred to Aus Living Support Ltd.
- b) Aus Living Support Ltd will not accept a referral from an organisation consider to be larger in capability and scope, especially if that organisation has a greater capacity to provide items with regard to stock availability, staff resources , government funding and general income.
- c) The referring organisation must inform the client of the monetary limitations on material aid as set out below.
- d) Client cannot have received material aid within a specific category from Aus Living Support Ltd within three months (90 days) prior to the date of referral.

## **Monetary Limitations on Material Aid Clients in Accommodation.**

- a) Clothing per person \$20.00.
- b) Bric a Brac per family \$20.00.
- c) Manchester per family \$20.00.
- d) Large furniture per family or person \$100.00 (example – King, Queen Double bed, Lounge Dining table and chairs, Large cupboard).
- e) Medium Furniture per family \$50.00 (example – Chest of drawers, single bed, single recliner).
- f) Small furniture per family \$30.00 (example – coffee table, high-chair, cot).
- g) Toys per family \$15.00 (Only if children are considered part of the referral).

## **Monetary Limitations on Material Aid Clients Without Accommodation.**

- a) Clothing per person \$20.00.
- b) Bric a Brac per family \$20.00.
- c) Manchester per family \$20.00.
- d) Toys per family \$15.00 (Only if children are considered part of the referral).

**A copy of the following form must accompany the client.**

**The form should also be emailed to  
[care@auslivingsupport.org.au](mailto:care@auslivingsupport.org.au)**

**Referring organisation details –**

Organisation name	_____	Contact person	_____
Suburb	_____	Email	_____
Phone	_____	Referred before	YES NO
Date of referral	____/____/____		

**Client details -**

Client name	_____		
Age	_____	Gender	_____
Phone	_____	Referred before	YES NO
Currently homeless	YES NO	Currently housed	YES NO
If housed how long in current accommodation	_____ Days / weeks / months/ years		
Client has been informed about the monetary limitations per category	YES NO		

If a family, please list age and gender of each other member

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\_\_\_\_\_

**List items required**

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**Other comments**

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