

# Accommodation and safety arrangements

Purpose: to screen for consumer's accommodation risk of homelessness and their safety needs, including family violence and personal emergency planning.

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

## Accommodation

<b>Accommodation</b>	Code: <input type="checkbox"/>
Comments on accommodation:	
Is the consumer <b>homeless</b> (nowhere to stay tonight) Code: <input type="checkbox"/>	
Is the consumer in housing/ accommodation that is:	
<b>At risk</b> (for example eviction, behind in their rent) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown	
<b>Unsafe</b> (for example family violence, physical danger or other threats) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown	
<b>Insecure</b> (for example, temporarily staying with friends/family or using other temporary accommodation) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated/unknown	
<i>If yes to any of the above, refer the consumer to the homelessness support service in their area or specialist family violence service, via <a href="http://www.dhs.vic.gov.au/for-individuals/crisis-and-emergency/crisis-accommodation/homelessness-and-family-violence-getting-help">www.dhs.vic.gov.au/for-individuals/crisis-and-emergency/crisis-accommodation/homelessness-and-family-violence-getting-help</a></i>	
<b>Is the consumer currently living in public/community housing (also known as social housing) and are:</b>	
<input type="checkbox"/> <b>At risk</b> (for example eviction, behind in their rent)	
<input type="checkbox"/> <b>Unsafe</b> (for example family violence, physical danger or other threats)	
<i>If yes to any of the above, refer to their local housing officer on <a href="http://www.housing.vic.gov.au/about-us/contact-us/local-housing-offices">www.housing.vic.gov.au/about-us/contact-us/local-housing-offices</a></i>	

## Living arrangements:

Code:

Comments on living arrangement:

## Safety

### Family violence

**Is the consumer afraid of someone close to them who controls, hurts, insults or threatens them, or who prevents them from doing what they want?**

Yes  No  Not stated/unknown

**If yes, proceed with the following questions:**

Who is the consumer afraid of? (including the relationship to the consumer) \_\_\_\_\_

What form does the abuse take? \_\_\_\_\_

Is the abuse becoming worse or happening more often or both?

Yes  No  Not stated/unknown

Are any children involved experiencing the abuse or violence directly or by hearing or seeing it?

Yes  No  Not stated/unknown

Is the consumer very scared for themselves or any children?

Yes  No  Not stated/unknown

Has a safety plan been prepared with the consumer?

Yes  No  Not stated/unknown

*For **women** experiencing family violence — refer to the Women's Domestic Violence Crisis Service on 1800 015 188.*

*For **men** experiencing family violence — refer to the Victims of Crime Helpline on 1800 819 817.*

*For **older** people experiencing elder abuse — contact Seniors Rights Victoria on 1300 368 821*

## Personal emergency planning

**Does the consumer have a personal emergency plan in case of fire, heat wave or flood?**

Yes  No  Not stated/unknown

**If no, encourage people living in high bushfire or other risk areas to develop personal emergency plans.**

**Does the consumer have a working smoke alarm in the house?**

Yes  No  Not stated/unknown

**If no, and the person is unable to do this themselves, discuss options for assistance from families, friends, neighbours.**

Other relevant information: