



Transitional housing Referral outcome form

This form is to record the outcome of a client who is considered for transitional housing.
Please complete **both** pages and return to the Ministry of Social Development.

Client details

1

Client number

 | |

2

What is the client's full name?

First and middle names

Surname or family name

3

What is the client's date of birth?

Day Month Year

4

What is the client's phone number?

 ()

5

How many people are in the client's household?

6

How was the client referred to you?

Ministry of Social Development

Self-referral

Referral by third party **↓ Please provide the referring party's name**

Referral outcome

7

Has the client been accepted for a contracted place?

Yes

[Go to question 8](#)

No



Please tick the reason for non-acceptance

Client declined place

Client not suitable

No places available

Client or family has major risk associated

Client has found alternate option

Other



Please provide details

[Go to Service Provider's details](#)

8

What date is the client moving in?

Day Month Year

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9

How much per week is the client contributing to rent?

\$

Service provider's details

Please provide the following details

Service provider's name

Service provider's contact details

Address	
Phone number	()
Email	

Authorised person's signature

Authorised person's name (print)

Authorised person's signature

Day Month Year

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If you're submitting this form electronically, a signature isn't required.