

REFERRAL TO TAAP SERVICE



Date of Referral:

Case Details	
TUV Reference No.	(insert matter number)
URGENT	<input type="checkbox"/> YES <input type="checkbox"/> NO [insert date if applicable]
If so, why:	<input type="checkbox"/> VCAT Hearing is listed or required within next 5 business days Date: _____ <input type="checkbox"/> Warrant of Possession to be executed within the next 5 business days Date: _____ <input type="checkbox"/> Upcoming limitation date for challenge (including rent assessment, NTV) Date: _____ <input type="checkbox"/> Other Please specify: (insert) Date: _____

Referral To:	Service Name: (add) Bethany Community Support - Warrnambool
	Service Contact: (add) David Brozinski
	Phone: (add) 1300 510 439
	Email: (add) TAAPwesterndistrict@bethany.org.au
Is this a conflict of interest referral? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Tenants Details	Name: (add)
	Phone: (add)
	Email: (add)
	Current Address: (add)
CALD background	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interpreter required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, what language?	(insert if applicable)
Financial Disadvantage	<input type="checkbox"/> Centrelink income <input type="checkbox"/> Other financial hardship Please specify: (e.g. no income)
Other Vulnerability	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Family violence <input type="checkbox"/> Low education or literacy <input type="checkbox"/> Intellectual or physical disability <input type="checkbox"/> Mental health issue <input type="checkbox"/> Life event <input type="checkbox"/> Substance abuse
T has consented to referral and disclosure of personal information:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Tenancy Type	<input type="checkbox"/> Residential tenant <input type="checkbox"/> Caravan Park (Part 4) <input type="checkbox"/> Rooming house <input type="checkbox"/> Caravan Park (Part 4A) <input type="checkbox"/> To be determined
Is the rented housing specifically for retirees? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Rented Premises:	(address)
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Landlord Details	Individual Name:	(add)	
	Company Name:		
	Company ACN:		
	Phone:		
	Email:		
	Address:		
	Estate Agent <input type="checkbox"/> YES <input type="checkbox"/> NO		[insert details if applicable]
	Company Name:	(add)	
	Property Manager:		
Phone:			
Email:			
Address:			

Matter Type	<input type="checkbox"/> Bond refund	<input type="checkbox"/> Rent arrears (prior to NTV)
	<input type="checkbox"/> Breach of Duty (by LL)	<input type="checkbox"/> Repairs – Urgent
	<input type="checkbox"/> Breach of Duty (by T)	<input type="checkbox"/> Repairs – Non urgent
	<input type="checkbox"/> Compensation claim	<input type="checkbox"/> Terms and conditions of agreement
	<input type="checkbox"/> Lease breaking	<input type="checkbox"/> Termination of tenancy (by LL)
	<input type="checkbox"/> Other: (specify)	

Was the tenant illegally evicted? **YES** **NO**

Has the tenant been given a Notice to Vacate? **YES** **NO** Not applicable

If so, what is the termination date on the NTV? (insert date if applicable)

Has the LL or T applied to VCAT? **YES** **NO**

Has a VCAT Hearing been listed? **YES** **NO**

If so, what is the date and location of the Hearing? (insert date if applicable)

 Hearing Venue: (insert if applicable)

Summary of Matter*

(insert text from advice database notes)

*attach another sheet if required	Attachments: <input type="checkbox"/> YES	Pages:	-
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