



Supported Housing Partnerships Assessment Form

Bridge Housing Limited Supported Housing Partnerships Assessment Form

Introduction

Bridge Housing has developed a Supported Housing Partnerships Assessment Form to assist in assessing the application for a partnership between Bridge Housing and prospective support partners.

Bridge Housing currently has a number of supported housing partnerships ranging from people with HIV Aids, homeless people, homeless older men and women, youth leaving juvenile justice, young single mothers, women escaping domestic violence, ex-prisoners. We also operate 20 places under the My Place Initiative. Further information on Bridge Housing is available on www.bridgehousing.org.au

There is currently a higher demand for housing than Bridge Housing has available hence we must be sure any new supported housing partnerships aligns with demand in our catchment area, Bridge Housing needs and the capacity of the support provider to maintain support over the period requested.

This will be determined by the availability of stock, the experience and capacity of the support organisation to provide support services to the client group.

Please read the Partnership Assessment Form carefully before completing it.

Further Information & Assistance

If you need further help with this application, please contact Katherine Wight Manager Housing Services on (02) 9699 6055 ext 209 or k.wight@bridgehousing.org.au . Once we receive the form and undertaken our assessment we will contact your agency to discuss what Bridge Housing may be able to offer.

Completed Applications

Please send your completed application to:

Manager Housing Services
Supported Housing Partnerships
Bridge Housing
PO Box 1835
Strawberry Hills
NSW 2012

1. Organisational Details

Organisation Name					
Postal Address:					
Street Address					
Key Contact Person:					
Contact person Tell	<table border="1"> <tr> <td>W</td> <td></td> <td>M</td> <td></td> </tr> </table>	W		M	
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Main Telephone	
Facsimile	
Email	
Website	

Parent Organisation: (if applicable)	
Description of the Parent Organisation: -	
Service and activities of your parent organisation Attach Annual Report	

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2. Partnership Summary

<p>2.1 Briefly summarise your proposed partnership</p>			
<p>2.2 How long would you expect the tenant(s) to stay at the property provided'</p>	<p>Less than 6 months</p>		
	<p>Between 6 months and 12 months</p>		
	<p>Between 12 months and 2 years</p>		
	<p>Whilst they remain eligible for community housing</p>		
	<p>Other</p>		
<p>2.3 If other please provide more details</p>			

3. Your service.

<p>3.1 What services does your organisation provide?</p> <p><i>Please include any promotional material information pamphlets, Annual Report etc of your service</i></p>	
<p>3.2 Who is your main clientele group?</p>	
<p>3.3 What are your geographical target area/s?</p>	

4. Needs Information

4.1 Which group(s) are you indicating require supported housing?

4.2 What are the needs / issues of the group(s)?

(You may provide other documents to support your response)

5. Support Needs

<p>5.1 How would you rate the support need for this group?</p>	<p>Level</p>		<p>Hours per week/month</p>
	Moderate		
	Intensive		
	Moderately Intensive		
	Highly Intensive		
<p>5.2 Please describe what services you provide for the level of support nominated in 5.1 above</p>			
<p>5.3 Please indicate how long the support is required (For example, short, medium or long term)</p>			

6. Property Needs

6.1 How many properties are you requesting'	
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6.2 Tell us the number and type of properties you require in each Local Government Area

LGA	1 BR	2BR	3BR	4BR	TOTAL
Ashfield					
Auburn					
Bankstown					
Botany bay					
Burwood					
Canada Bay					
Canterbury					
Leichhardt					
Marrickville					
Parramatta					
Randwick					
Rockdale					
Strathfield					
Sydney City					
Waverley					
Woollahra					

6.3 Are there any special housing requirements/modifications? For example location, type of dwelling, bedroom size, modifications, accessibility to specific services	
6.4 When do you require the properties	

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7. Your Service capacity

7.1 Describe the staff resources your organisation has available to provide housing in partnership with Bridge Housing	
7.2 Provide evidence that your service has the capabilities of taking on the support level required by client/s?	
7.3 If your client/s have intensive support needs, does your organisation have a worker allocated to providing specific case management	

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services?		
7.4 Please nominate two other housing providers with whom you have partnerships..	Housing Provider	Contact details
7.5 Please describe the nature of the Partnership		

8 Other information

8.1 Please provide any additional information about your proposal

9. Declaration by Authorised Officer

This declaration provides:

- Your service's endorsement that the above information is correct
- Confirmation that no member of your member of your organisation (office bearers, management, or staff and as far as is reasonably knowable, volunteers) has a conflict of interest with the project.
- Your service is financially sound and viable.
- Your service has sufficient capacity (staffing and other resources) to implement the partnership project.

I/We declare that we understand and confirm the information provided in the *Supported Housing Partnerships Submission Form* is true and correct

The signature block must be signed by the Authorised Senior officer and or Office Bearers of the organisation

Signature	
Name	
Position	
Date	