Hobart City Mission
Caring since 1852

Expression of interest Mountain View
Please fill out this form and email to
moutainview@hobartcitymission.org.au

To be eligible for this accommodation you must be registered with Housing Connect and be on the Priority Housing Tas wait list.

***PLEASE NOTE that an information sharing consent form needs to be signed by the client**

Referring Agency:

Date of referral	
Name of worker referring and Agencies	
Contact details of worker	Phone: email:
Date the client entered your service	

Is the client on the priority Housing list? ☐ **YES** ☐ **NO**

Client Details

Name	
Date of birth	
Phone number	

Current Housing Situation –

Health Concerns/Requirement – day to day living requirements

Support Required –

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Support Currently in Place –

Relationships – Family / Children

Alcohol and Other Drugs – Levels of / effects and Consequences / any assistance or treatment

Plans / Goals –

Other Information (i.e. any safety concerns, specific needs etc)

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Client Consent

Information Sharing

I ..../...../..... (D.O.B) understand that other agencies may be suitable to support me to my identified needs. I understand that other agencies will treat my information confidentially.

I hereby authorise the staff at Mountain View to communicate with the following people and/or organisations (please tick):

☐ Housing provider/Housing Tasmania/shelter Name: Contact Details:	☐ Alcohol and Drug Services: Name: Contact Details:
☐ Royal Hobart Hospital Name: Contact Details:	☐ Centrelink: Name: Contact Details:
☐ General Practitioner or Medical Specialist Name: Contact Details:	☐ Mental Health Services: Name: Contact Details:
☐ Next of Kin: Name: Contact Details:	☐ Support Coordinator Name: Contact Details:
☐ Other: Name: Contact Details:	☐ Other: Name: Contact Details:

I do not want information shared about the following:

.....

.....

I understand that the purpose of this consent form is to exchange information which would be of value in my engagement with program.

I am aware that this consent to share information is valid for a period of twelve (12) months after the date on this form.

Signed: ..... Date: .....

Print: