**Buried In Treasures- Outer East- Referral Form**

**This e-form is to be used by agencies to refer clients to the Outer East Buried in Treasures Program.**

**Clients may wish to self refer (without the need to complete this form) by contacting:**

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| **Program** | **Maroondah Council and Uniting Tenancy Plus Buried In Treasures**  |
| **Version** | 1.3 |
| **Introduction**  | Buried In Treasures is a Program to assist individuals with Hoarding Behaviour/Clutter issues. It focuses on minimising acquisition whilst keeping people safe and comfortable in their homes. It is a non-judgemental environment ensuring Privacy and Confidentiality at all times. |
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**Maroondah Council Intake Team: phone: 92945729 or Uniting Tenancy Plus 88704030**

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| Referral Information |
| **Referral date** Click here to enter a date.**Referral source** Choose an item. **Referrer Name** Click here to enter text.**Referral Organisation and Role** Click here to enter text.**Referrer Phone number** Click here to enter text. **Referrer Email** Click here to enter text. |

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| Client Details |
| Name Click here to enter text. **Date of Birth Click here to enter a date. Gender Choose an item.** **Country of Birth** Click here to enter text. **Language** Click here to enter text.**Aboriginal, Torres Strait Islander status** Choose an item. **Client has provided consent for this referral** Choose an item. **Best way for us to contact the client** Choose an item. **Mobile Number** Click here to enter text.  **Landline** Click here to enter text. **Email** Click here to enter text. **Current Address** Click here to enter text. **Emergency contact details**  (Not mandatory used in case of emergency) Click here to enter text. |

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| **Living Arrangements** |
| Choose an item. |
| **Dwelling Type** |
| Choose an item. |
| **Tenure** |
| Choose an item. |

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| **What is the client hoping to achieve by participating?** |
| Click here to enter text. |

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| **Other relevant information** |
| Click here to enter text. |

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| **Maroondah Council and Uniting Tenancy Plus internal use only: Outcome of referral / recommendations of support and allocation** |
| Click here to enter text. |
| Allocate to: 󠄪□group □󠄀waitlist □󠄀 not suitable/client declined |

**Send completed form to:**

maroondah@maroondah.vic.gov.au

**For further information contact:**

**Maroondah Council : ph 9294 5729**

**Uniting Tenancy Plus: ph 8870 4030**