

You Matter Referral Form (PART A)

Note: This Referral Form (PART A) needs to be submitted along with the You Matter Item Request Form (PART B)

1. AGENCY DETAILS				
Referring agency:				
Case worker name:				
Case worker email:		Mobile phone:		
2. CLIENT DETAILS				
Client first name:		Move in date:		
Property address:				
Client email:		Mobile phone:		
Original suburb that client is moving from:				
3. CLIENT CONSENT				
<i>Empowerment of women, supporting women's decision-making and self-agency, are important principles which underpin You Matter's work. We request case workers discuss this referral with their client. We expect that individual women being referred to You Matter will complete the following consent and are supported by their case worker to complete this Referral Form and the attached Item Request Form</i>				
I have been provided with You Matter's Information Brochure.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I give permission for my personal information to be given to You Matter via the completion of this Referral Form.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I give permission for You Matter to take NON-IDENTIFYING photos at completion of the work. These photos can be shared with me and my case worker. These photos can be shared by You Matter in their social media and fundraising activities.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I give permission for You Matter to contact me between 4-6 weeks after, and then again 3-4 months after, I move into my home to hear from me how their service supported my recovery.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
I understand that I will need to provide You Matter with access to my home for the furniture move in and set up – the specific time required will be discussed with me (usually between 3-5 hours) and I understand I will need to leave the property during this time.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. SAFETY				
Are there any specific safety concerns You Matter needs to be aware of?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<i>If yes, please provide details:</i>				
Client Signature:		Date:		
<i>(Case worker can note above if client has given verbal consent)</i>				
Case Worker Signature:		Date:		

5. FAMILY MEMBERS

NOTE: no names are required

Client

Age (years)		Identifying Gender	<input type="checkbox"/>	Female	<input type="checkbox"/>	Non-binary
Country of birth						
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
Languages spoken						
Are there any medical/disability needs for you &/or members of your family?						
Food requirements <i>Please include any allergies, culturally important food, etc</i>						

Child 1

Age (years)		Gender	
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Child 2

Age (years)		Gender	
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Child 3

Age (years)		Gender	
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Child 4

Age (years)		Gender	
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Pet 1

Species	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other:	Breed	
Name			Needs <i>(eg: kennel, bed, bowls, bed)</i>		

Pet 2

Species	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Other:	Breed	
Name			Needs <i>(eg: kennel, bed, bowls, bed)</i>		

5. PROPERTY DETAILS

Please attach a **FLOOR PLAN & PHOTOS** of each room – download from realestate.com.au or hand-drawn floor plan is appreciated

Number of bedrooms & bathrooms	Bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4							
	Bathrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
Important measurements: <i>This information will help us provide items that are fit for the property & reduce the chance that we supply unusable items</i>	Fridge cavity Height: Width: Depth: Washing machine space: Width: Depth: Living/lounge room size: Width: Depth:							
Description of floors/carpet, walls, cabinetry: <i>This information will help us choose décor that matches best</i>	Carpet colour:							
	Wall colour/s:							
	Kitchen cabinet colour:							
	Do any rooms have floorboards? Please specify which rooms							
Is there an outdoor space?	<input type="checkbox"/>	Small yard	<input type="checkbox"/>	Large yard	<input type="checkbox"/>	Courtyard	<input type="checkbox"/>	Balcony
Please provide description of outdoor space								
Are there stairs? <i>Either leading to the house or inside the house</i>	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES ... please describe				
Are there any access concerns? <i>eg: steep driveway, apartment complex with lift</i>	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES ... please describe				
	Please note: Case worker must ensure that the lift is booked for the removalists if needed.							

6. DAY OF MOVE IN						
Key Collection Where & from whom will our Haven Coordinator collect the key for access to the property?	<input type="checkbox"/>	Client will meet the You Matter Haven Coordinator at the property				
	<input type="checkbox"/>	Case worker will meet the You Matter Haven Coordinator at the property				
	<input type="checkbox"/>	Other ... <i>please describe</i>				
Key Return Where & from whom will our Haven Coordinator return the key once we are finished the set up?	<input type="checkbox"/>	Client will meet the You Matter Haven Coordinator at the property				
	<input type="checkbox"/>	Case worker will meet the You Matter Haven Coordinator at the property				
	<input type="checkbox"/>	Other ... <i>please describe</i>				
The following services need to be connected by the date of move in. Please advise if you have requested connection and note any issues you are aware of.	<input type="checkbox"/>	Water	<i>Please note any issues with connection:</i>			
	<input type="checkbox"/>	Electricity				
	<input type="checkbox"/>	Gas				
Where should our volunteers park when they arrive at the property?						
Has the property been cleaned prior to you moving in?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	DON'T KNOW

Please note any additional information that will assist us to provide a comfortable home here:

7. REMOVALIST DETAILS

You Matter have preferred removalists who have extensive experience in this field. We will arrange the booking, and liaise with the removalists during the entire process. A quote will be prepared for approval by the case worker. At completion of the job a final invoice will be sent to the agency for payment. *It is the responsibility of the case worker to ensure that the invoice is paid on time.*

Name for invoice to be addressed to:		Email address to be invoiced:	
Phone:		Agency Finance Contact:	
Can You Matter select the removalist company? YES NO <i>(if no, please advise details below)</i>			
Preferred Removalist Company:		Contact name:	
Contact Email:		Contact phone:	

Item Request Form (PART B)

<p>Are there any items you already have or will be bringing with you to the home? Please list ALL of the items you will provide yourself, including personal items. Please include dimensions so we can include these items in our planning and which rooms they will be utilised in. Photos appreciated if possible</p>	
<p>Date these items moving into the new home?</p>	

CLIENT PREFERENCES - These answers will be used as a guide for furniture & decor selection			
<p>Favourite Colours & Style preference</p>		<p>Interests/hobbies</p>	
<p>Cultural or religious needs Please include any cultural/religious requests that may impact the selection of furniture & decor.</p>			

Please select from the available list ONLY what is being requested from You Matter. You Matter will endeavour to accommodate all requests, however some items may not always be available.

1. KITCHEN			
<input type="checkbox"/>	Complete Kitchen Pack (Please note, this pack cannot be separated) Includes the following;		
<i>Cutlery, Crockery, Glassware, Ovenware, Baking Items, Pots/Pans, Utensils, Servingware, Kitchen Cleaning Items, etc..</i>			
<input type="checkbox"/>	Complete Pantry Pack (Please notify us of any dietary requirements) includes the following;		
<i>Pasta, Rice, Salt, Pepper, Tea, Coffee, Flour, Sugar, Tinned Food, Spreads, Cereals, Cling Wrap, Foil, Paper Towel, Cleaning Materials, etc..</i>			
<input type="checkbox"/>	Fridge (<i>Purchased NEW by You Matter, paid for by agency</i>)	<input type="checkbox"/>	Microwave
<input type="checkbox"/>	Kettle	<input type="checkbox"/>	Toaster

2. DINING	
<input type="checkbox"/>	Table Preferred Size/Dimensions:
<input type="checkbox"/>	Chairs Number of Chairs:

3. LIVING/LOUNGE

<input type="checkbox"/>	Sofa	<input type="checkbox"/>	Armchair	<input type="checkbox"/>	Coffee Table
<input type="checkbox"/>	Side Table	<input type="checkbox"/>	TV	<input type="checkbox"/>	TV Unit
<input type="checkbox"/>	Bookshelf	<input type="checkbox"/>	Floor Lamp	<input type="checkbox"/>	Floor Rug
<input type="checkbox"/>	Buffet/Wall Unit	<input type="checkbox"/>	Other ...		

4. BEDROOM 1 – MAIN (CLIENT) BEDROOM

<input type="checkbox"/>	Bed Base/Frame	<input type="checkbox"/>	Mattress	Size:	<input type="checkbox"/> Queen	<input type="checkbox"/> Double
<input type="checkbox"/>	Bedside Table	<input type="checkbox"/>	Bedside Lamp	<input type="checkbox"/>	King Single	
<input type="checkbox"/>	Bed Linen	<input type="checkbox"/>	Other ...			

5. BEDROOM 2 - Complete below for each child in this room only

Number of children in bedroom 2: 1 2

Child #1	<input type="checkbox"/> Female	Favourite Colour/s:	Interests / Hobbies:		
Age:	<input type="checkbox"/> Male				
	<input type="checkbox"/> Non-binary				
<input type="checkbox"/>	Bed Base/Frame	<input type="checkbox"/>	Mattress	Size:	<input type="checkbox"/> Single <input type="checkbox"/> King Single <input type="checkbox"/> Double
<input type="checkbox"/>	Bedside Table	<input type="checkbox"/>	Bedside Lamp	<input type="checkbox"/>	Cot (Please confirm availability)
<input type="checkbox"/>	Bedside Table	<input type="checkbox"/>	Bedside Lamp	<input type="checkbox"/>	Chest of Drawers
Child #2	<input type="checkbox"/> Female	Favourite Colour/s:	Interests / Hobbies:		
Age:	<input type="checkbox"/> Male				
	<input type="checkbox"/> Non-binary				
<input type="checkbox"/>	Bed Base/Frame	<input type="checkbox"/>	Mattress	Size:	<input type="checkbox"/> Single <input type="checkbox"/> King Single <input type="checkbox"/> Double
<input type="checkbox"/>	Bedside Table	<input type="checkbox"/>	Bedside Lamp	<input type="checkbox"/>	Cot (Please confirm availability)
<input type="checkbox"/>	Bedside Table	<input type="checkbox"/>	Bedside Lamp	<input type="checkbox"/>	Chest of Drawers

5. BEDROOM 3 - Complete below for each child in this room only

Number of children in bedroom 3: 1 2

Child #1 Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Favourite Colour/s:	Interests / Hobbies:
<input type="checkbox"/> Bed Base/Frame	<input type="checkbox"/> Mattress	Size:	<input type="checkbox"/> Single <input type="checkbox"/> King Single <input type="checkbox"/> Double <input type="checkbox"/> Cot (Please confirm availability)
<input type="checkbox"/> Bedside Table	<input type="checkbox"/> Bedside Lamp	<input type="checkbox"/> Chest of Drawers	
Child #2 Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Favourite Colour/s:	Interests / Hobbies:
<input type="checkbox"/> Bed Base/Frame	<input type="checkbox"/> Mattress	Size:	<input type="checkbox"/> Single <input type="checkbox"/> King Single <input type="checkbox"/> Double <input type="checkbox"/> Cot (Please confirm availability)
<input type="checkbox"/> Bedside Table	<input type="checkbox"/> Bedside Lamp	<input type="checkbox"/> Chest of Drawers	

5. BEDROOM 4 - Complete below for each child in this room only

Number of children in bedroom 4: 1 2

Child #1 Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Favourite Colour/s:	Interests / Hobbies:
<input type="checkbox"/> Bed Base/Frame	<input type="checkbox"/> Mattress	Size:	<input type="checkbox"/> Single <input type="checkbox"/> King Single <input type="checkbox"/> Double <input type="checkbox"/> Cot (Please confirm availability)
<input type="checkbox"/> Bedside Table	<input type="checkbox"/> Bedside Lamp	<input type="checkbox"/> Chest of Drawers	
Child #2 Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Favourite Colour/s:	Interests / Hobbies:
<input type="checkbox"/> Bed Base/Frame	<input type="checkbox"/> Mattress	Size:	<input type="checkbox"/> Single <input type="checkbox"/> King Single <input type="checkbox"/> Double <input type="checkbox"/> Cot (Please confirm availability)
<input type="checkbox"/> Bedside Table	<input type="checkbox"/> Bedside Lamp	<input type="checkbox"/> Chest of Drawers	

8. BATHROOM

<input type="checkbox"/> Bathroom Linen	<input type="checkbox"/> Small Bin	<input type="checkbox"/> Toilet Paper / Tissues
<input type="checkbox"/> Hair Dryer	<input type="checkbox"/> Toilet Brush	<input type="checkbox"/> Toilet Cleaner

9. LAUNDRY

<input type="checkbox"/> Washing Machine (<i>Purchased NEW by You Matter, paid for by agency</i>)		
<input type="checkbox"/> Clothes Dryer (<i>Purchased NEW by You Matter, paid for by agency</i>)		
<input type="checkbox"/> Vacuum	<input type="checkbox"/> Iron	<input type="checkbox"/> Ironing Board
<input type="checkbox"/> Broom	<input type="checkbox"/> Mop & Bucket	<input type="checkbox"/> Floor Cleaner
<input type="checkbox"/> Clothes Airer	<input type="checkbox"/> Clothes Hamper	<input type="checkbox"/> Clothes Hangers
<input type="checkbox"/> Dustpan & Cloths	<input type="checkbox"/> Laundry Basket	<input type="checkbox"/> Washing Powder

10. OTHER ITEMS - Please note these items are scarce and may not be available

<input type="checkbox"/> Desk	<input type="checkbox"/> Desk Chair	<input type="checkbox"/> Wardrobe
<input type="checkbox"/> Fan	<input type="checkbox"/> Heater	
<input type="checkbox"/> Any other item not specified above ...		

SUBMIT THIS REFERRAL & ITEM REQUEST FORM, along with other supporting documentation, to:
agencysupport@youmatter.org.au

11. CASE WORKER CHECKLIST

Floor Plan and/or photos attached (including measurements)	<input type="checkbox"/> YES
Referral Form Complete, including client consent section (Part A) Item Request Form Completed (Part B)	<input type="checkbox"/> YES
Client has read and understood information in the You Matter Brochure	<input type="checkbox"/> YES
It is understood that whilst You Matter endeavour to source all items on the Item Request Form, sometimes that is not possible. You Matter will inform the caseworker any significant items that cannot be sourced.	<input type="checkbox"/> YES
The lease has been secured, signed and paid for prior to agreeing to the set up date, and the utilities will be connected prior to set up	<input type="checkbox"/> YES
The property will be clean and personal belongings will be packed away neatly so volunteers and removalists can safely complete the set up.	<input type="checkbox"/> YES
Funding for the payment of the removalist has/will be secured. Whilst You Matter book the removalists, it is the responsibility of the referring organisation to pay the cost of the removalists. An invoice will be sent directly from the removalists to the referring organisation.	<input type="checkbox"/> YES
The caseworker will book the lift if required (this is essential for some apartments)	<input type="checkbox"/> YES
The caseworker agrees to be the central point of support for the client and will be available by phone on the day of the Haven set up.	<input type="checkbox"/> YES
The caseworker and client agree to contact You Matter if any information in the submitted forms requires to be changed. This includes any safety concerns that could impact the volunteers.	<input type="checkbox"/> YES
You Matter will discuss an agreed meeting time for the morning of the set up. The time is determined by the removalist booking. It is understood that You Matter will meet the client who shows us the property, gives us the key and then must leave the property for several hours until we call for them to return. You Matter then show the set up to the client and return the key.	<input type="checkbox"/> YES