



Emergency housing Referral outcome form

This form is to record the outcome of a client who is considered for emergency housing. Please complete all relevant sections on this page and return to MSD

Client information (must be completed by the provider)

Client name	
Date of birth	
MSD Client Number (if known)	
Contact phone number	
Number of people in client's household	
Source of referral	
Name of agency referred (if third party referral)	

Referral Outcome

(select and complete this section for clients referred to your service)

Client has been accepted for a contracted place?	Yes	No <i>(If no, please complete comments)</i>
If not successful, please select general reason		

Comments
(complete only if client is unsuccessful)

Date client is moving in	
Rent contribution amount	