

Squalor and hoarding profile: creating a pathway*

Property:	Account number:
Tenant:	Phone number:
Tenancy commencement:	

Environment profile

Cluttered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Squalid:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Animal hoarding:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes number and type of animal(s):		
Number of rooms involved:		
Clutter Image Rating Scale (CIRS):		
Current OoH legal actions – including expiry dates, e.g. Breach Notices:		
Is the person willing to cooperate with the process of a squalor/hoarding intervention? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is there an accumulation of rubbish? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is rubbish contained to one part of the property? Yes <input type="checkbox"/> – If yes please indicate area of concern No <input type="checkbox"/> – All of property internally and externally Unsure <input type="checkbox"/>		
Are there items suitable for donation (i.e. op shop?) Yes <input type="checkbox"/> No <input type="checkbox"/>		

Health and safety hazard profile

Rodents (rats, mice):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Vermin (including fleas, birds, cockroaches etc.):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
All utilities functioning: If no, which utilities require action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Bio hazards within property (including sewerage, animal or food waste):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Public safety threat: If yes, details (extreme fire hazards, sewerage, vermin):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other:			

* Source: Department of Human Services, Southern Division, Gippsland Area, Housing and Community Building, Social Advocacy and Support Program (Support for High Risk Tenancies (SfHRT) program).

Fire hazard profile

Overgrown gardens:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Combustible items, e.g. papers, plastics:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Clear pathways for entry and exits (for emergency services, not tenant):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heating units obstructed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cooking units obstructed/unclean:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Building structurally safe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Exposed electrical wiring present:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Cigarettes smoked in property:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>

General living and health conditions

Previous episodes of hoarding/squalor: If yes, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Health concerns for occupant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Physical health assessment required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Mental health assessment required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Aged Care Assessment required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
DHS – Disability registered (not DSP):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
State Trustees/Power of Attorney client:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Assistance required for person to manage intervention: * Hoarding/squalor intervention can be very stressful and invasive. Therefore assistance to manage this additional stress may be required.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Temporary accommodation required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
If temporary accommodation is required, is the person able to arrange (i.e. with family members/friends):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Animal(s) surrender acknowledged by the person:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Ability to manage hoarding behaviours after intervention:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Dependants living at property: If yes, provide the number and ages of each dependant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
DHS – Child Protection Involvement:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
DHS – Child Protection report required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>

Person supports

Family members:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Relationship to person (list below)		
Friends:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Health supports, i.e. GP, case manager:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Agency supports, e.g. HACC, MIND:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Church groups:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		

SfHRT assistance required (please supply photos)

Specialist referral required, e.g. mental health:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Skip bin:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Garden work :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Internal clean:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Repair/replacement of items:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Ongoing supports required, e.g. HACC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, details:		
Other – please provide details:		

SfHRT use only

Referral complete: <input type="checkbox"/>	CP: <input type="checkbox"/>	Details:
SHARP referral: <input type="checkbox"/>	Disability: <input type="checkbox"/>	Details:
Person's consent: <input type="checkbox"/>	MH: <input type="checkbox"/>	Details:
Photos: <input type="checkbox"/>	Previous history: <input type="checkbox"/>	Details:
OoH current legal actions:	Previous SfHRT: <input type="checkbox"/>	Brokerage:
HV details:	Case management:	