



A member of the Mental Illness Fellowship of Australia

## Community Housing Program

### Referral & Self Referral Form

Please complete this form if you are interested in applying for MIFNQ's Community Housing Program.

#### Personal Details:

Name:			
Address:			
		Postcode:	
Email:			
Phone:		Mobile:	
Date of Birth:		Age:	

#### Referral Details:

Referred By:			
Position:			
Organisation:			
Address:			
		Postcode:	
Phone:		Mobile:	
Email:			

Signed: ..... Dated: .....

Please return the completed form to:

Housing Officer  
 Mental Illness Fellowship NQ Inc  
 PO Box 979  
 HYDE PARK QLD 4812

The Housing Officer will contact you soon to discuss your application.

#### **Please Note**

**It may be sometime before a suitable property becomes available.**

#### **Mental Illness Fellowship NQ Inc**

159 Kings Rd Pimlico Q 4812 / PO Box 979 Hyde Park Q 4812

P: (07) 4725 3664 / F: (07) 4725 3819

E: [housing@mifnq.org.au](mailto:housing@mifnq.org.au) / W: [www.mifnq.org.au](http://www.mifnq.org.au)