**Uniting Housing - Temporary Absence form**

|  |  |
| --- | --- |
| Renter(s) name: |  |
| Household member name(s) |  |
| Service ID: |  |

Reason for absence:

|  |  |
| --- | --- |
| Nursing Home |  |
| Rehabilitation |  |
| Respite Care |  |
| Prison |  |
| Family Violence |  |

Documentation provided?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Contact details for period of absence:

|  |  |
| --- | --- |
| Name of Facility/ individual: |  |
| Address of facility/ individual: |  |
| Contact phone/ email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Start date of absence: |  | Expected return date |  |

Next of Kin/ emergency contact details:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Contact number: |  |

Contact details of representative submitting this form:

|  |  |
| --- | --- |
| Name of worker/individual: |  |
| Name or organisation: |  |
| Contact details (mobile/landline/email): |  |