

## Hoarding Treatment Program

### Section A - Suitability for the Hoarding Treatment Program:

**All of the following criteria must be met:**

- Yes- the consumer is living in a cluttered environment, is acquiring unneeded items and has great difficulty discarding items.
- Yes- the consumer is experiencing emotional distress and impairment in their life because of clutter, difficulty discarding or acquiring things.
- Yes- the consumer has demonstrated some willingness to contemplate changing their hoarding behaviour.
- Yes- the consumer has the time to commit to attending a weekly two -hour treatment group for 15 weeks, 6-10 individual counselling sessions and completing homework, which includes reading, and work in their home.
- Yes- the consumer is comfortable participating in a group and sharing their experiences in a group.
- If the program is oversubscribed, priority will be given to consumers in the Northern Sydney Local Government Areas.

### Section B - Referral Source

Referrer Name .....

Agency Name .....

Position .....

Address .....

Telephone ..... Mobile .....

Email .....

### Section C - Consumer's Details

Surname ..... First name .....

Telephone ..... Mobile .....

Gender: ..... Languages spoken .....

What other services is the consumer currently accessing? .....

In which Local Government Area does the consumer currently live? .....

### Section D - Consumer Consent

- Yes - the consumer has indicated willingness to learn more about the Hoarding Treatment Program and would like Lifeline Harbour to Hawkesbury to contact him/her to discuss this program further.

**Please submit this form by fax to 9498 2338. Alternatively scan and email to [appointments@lifelineh2h.org.au](mailto:appointments@lifelineh2h.org.au)**

If you have any enquiries or require further information please call the Hoarding Treatment team on: 02 9498 8805