

Kununurra Community Panel

Cashless Debit Card Trial

Application to change restricted amount

THIS APPLICATION FORM IS ONLY FOR PARTICIPANTS WHO LIVE IN KUNUNURRA AND SURROUNDING COMMUNITIES. IF YOUR ADDRESS FOR CENTRELINK IS IN WYNDHAM, NINE MILE COMMUNITY OR WARRAYU VILLAGE, YOU MUST APPLY TO THE WYNDHAM COMMUNITY PANEL.

The Kununurra Community Panel will consider applications from people who are on the Cashless Debit Card Trial and live in Kununurra and surrounding communities, to have the restricted amount of their welfare payment decreased. The Panel may reduce the restricted portion 70, 60 or 50 per cent.

Applying for an increase in the amount of cash you receive is a voluntary process.

The Panel will make a decision using their local knowledge about whether you are upholding the values of the Empowered Communities. This includes caring for family, looking after your home, your children are going to school, you are working or meeting participation requirements, and you are not committing any crimes.

The information you provide in this form will also help to guide the Panel's decision.

If the Panel requires additional information to make their decision, the Department of Social Services may check your information with relevant organisations, such as: the WA Police, Housing agencies, Health agencies, and State and Catholic schools as required.

Your personal information will only be collected by the Panel Administrator on behalf of the Department of Social Services for the purposes of assessing your application. However, de-identified information may be used to assist with ongoing management and evaluation of the trial.

1. Your details:	
a.	Full name
b.	Date of birth
c.	Centrelink Customer Reference Number (CRN)
d.	Residential address
e.	Postal or email address
f.	Phone number

2. Previous applications to the Community Panel:	
Would you like the Panel to reconsider a previous decision?	Yes / No
If you are providing additional information as part of a previous application <u>you do not need to fill in this form</u> . Please use the appeals form available online or at your Local Partner.	

3. As part of our community, we need to work together to create a safer place for everyone. Your responsibility as a community member is to care for yourself, your family and friends, your home and to act responsibly.

Please answer the following questions:

Answering 'yes' to any of these questions will not automatically result in your application being rejected. Please circle the correct response as it relates to your personal circumstances.

a.	Are you currently: <ul style="list-style-type: none"> • working part time; • meeting your participation requirements; or • a full time carer? 	Yes / No / NA Yes / No / NA Yes / No / NA
b.	Have you been in trouble with police where alcohol or drugs were a factor in the past 12 months?	Yes / No
c.	Have you been to the outpatient ward at the hospital for intoxication more than twice in the past 12 months?	Yes / No
d.	Have you stayed in the sobering up shelter more than four times in the past 6 months?	Yes / No
e.	Are you meeting your family responsibilities to provide a safe home for any children or elderly who live there?	Yes / No / NA
f.	Do your children go to school most days of the week?	Yes / No / NA
g.	Are you a: Do you owe any money to WA housing or any other housing agency? If yes, are there arrangements in place to repay this debt? Please provide the name of the housing agency or authority. _____	Tennant / Lease Holder / Applicant / None Yes / No / NA Yes / No / NA

4. Please provide details of children:

Please list your child/ren's full name, date of birth and name of school they are enrolled at below. This may include your own children and any other children for which you are the primary carer.

Family name	Given name	Date of birth	School attended (if of school age)

6. Consent Form

In some cases, the Panel may need to ask various State Services for more information to confirm what you have provided in your application and support their decision making process. Only the Panel Administrator, employed by the Department of Social Services, will have access to this data and will prepare a summary for the panel members.

I, _____ (your name)		Please tick:		Y	N
give my consent to the Panel Administrator collecting the personal information I have provided in this form.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for Western Australia Police to provide information surrounding any convictions I have had in the past 12 months that were related to alcohol or drugs to the Panel Administrator		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to Western Australia Police		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Department of Housing to provide information about any debt, payment arrangements or disruptive behaviour complaints in the past 12 months to the Panel Administrator		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name, date of birth and address to the Department of Housing		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Community Housing Ltd to provide information about any debt, payment arrangements or disruptive behaviour complaints in the past 12 months to the Panel Administrator		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name, date of birth and address to the Community Housing Ltd		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for Kununurra Hospital to provide information about any incident where I may have presented to the accident or emergency departments due to intoxication or required health assistance due to substance abuse to the Panel Administrator.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name, date of birth and contact details to Kununurra Hospital		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for Catholic Education to provide information on school attendance for all children in my care		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to Catholic Education		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Department of Education to provide information on school attendance for all children in my care		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to the Department of Education		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Department of Child Protection and Family Support to provide information on the number (not the nature) of contact that I have had with this service.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to the Department of Child Protection and Family Support		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for East Kimberley Job Pathways to provide information on whether I am meeting my participation requirements.		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent for the Panel Administrator to provide my name and date of birth to East Kimberley Job Pathways .		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent to the Panel Administrator providing my personal information received from the above authorities to the community panel		<input type="checkbox"/>	<input type="checkbox"/>		
give my consent to the Panel Administrator notifying the Department of Human Services to have the restricted amount of my payment changed to the amount decided by the Panel, understanding that the Panel will take into account my requested amount		<input type="checkbox"/>	<input type="checkbox"/>		
agree that if legislation varies the restricted portion of my payment to an amount that is lower than the amount decided by the panel, my restricted portion will be the lower amount determined by legislation		<input type="checkbox"/>	<input type="checkbox"/>		
understand that de-identified information collected may be used to assist the ongoing management and evaluation of the Cashless Debit Card Trial		<input type="checkbox"/>	<input type="checkbox"/>		
Declare that the information I have provided in this application is true.		<input type="checkbox"/>	<input type="checkbox"/>		
Signed	Name			Date	

Optional: If you would like a nominee to help you.

If you have tried to fill out this form and need help to complete it, you can ask a trusted friend, family member, support service worker, or Local Partner to help you. If they help you to fill out this form, they will need to fill in their details below as your nominee. By signing below, they accept responsibility for ensuring that you understand what this form means.

Signed	
Name	
Date	
Relationship to applicant	

Where do I send my form?

You can drop completed forms off at the Local Partners

- East Kimberley Job Pathways: 12 Cotton Tree Avenue, Kununurra
- Waringarri Aboriginal Corporation: 2229 Speargrass Road, Kununurra

Or by email to: ek.communitypanel@dss.gov.au

What next?

The Panel Administrator will contact you to let you know the outcome of your application. If your application is not successful, you will be told which criteria you did not meet so that you can work with your support network to address this issue if you choose to.

You can apply for a reconsideration of a previous application, at any time, or if your circumstances change, you can let the panel know by submitting a new application form.

Privacy

Your personal information is protected by law, including the Privacy Act 1988. You can access the [Department of Social Services privacy policy](#) for more information.