

Referral for Complex Case Support (CCS)

Department of Social Services

Important – Please read this information carefully before you complete this referral. Once you have completed the referral we strongly advise that you keep a copy for your records.

The Complex Case Support Programme

The Department of Social Services (the department) administers the Complex Case Support (CCS) programme as a specialised and intensive case management service to support humanitarian entrants.

CCS clients usually have several intense or critical needs that require access to multiple services including:

- · mental health (including torture and trauma issues)
- physical health
- family violence intervention
- support to manage accommodation, financial, legal or personal issues.

CCS provides additional and complementary support to humanitarian entrants. It does not duplicate services that adequately meet the identified needs of clients such as the Humanitarian Settlement Services (HSS) Programme, Settlement Services Grants (SSG) and the Adult Migrant English Programme (AMEP). These services may be accessed at the same time as CCS.

Further information on <u>Settlement and Multicultural programmes</u> is available from the department's website.

<u>AMEP</u> is administered by the Department of Industry and further information is available from their website.

Eligibility

The following people are eligible for CCS:

- · Refugee entrants
- Special Humanitarian Programme entrants
- Protection visa holders.

Clients are eligible for services for up to five years after their arrival in Australia. Flexibility may be shown to this timeframe in exceptional circumstances.

Referral to Complex Case Support

Referral to the CCS programme can be made by any organisation or person, for example:

- service providers funded by the department
- · Commonwealth, state or territory government agencies
- community and health organisations
- local church and community groups
- volunteer groups
- a humanitarian entrant may also refer themselves.

Use this referral form if you or someone you know is particularly vulnerable and in need of additional settlement support through CCS.

Please contact the CCS enquiry line if you are unsure whether a person would be eligible for CCS services or need help to submit this referral form.

Complex Case Support service providers

A panel of service providers has been established to deliver CCS to humanitarian entrants in need. The department's CCS

contract managers will assess the eligibility of people referred to the programme and engage the most appropriate service provider to assist linking the client with required services. Personal information collected on this form will be disclosed to a contracted service provider engaged by the department to deliver CCS services.

Client consent

Client consent is required for referrals to be assessed by the department. You must take all reasonable steps to ensure **all** people listed on this form understand and consent to the:

- information in the referral being provided to the department to assess the client's eligibility for CCS
- department, its service providers and other agencies using and disclosing the client's personal information where that use or disclosure is directly relevant to the provision of CCS.

The department will only collect, use or disclose personal information for a lawful purpose directly related to the provision of CCS services and for the future evaluation of the CCS programme. To enable us to meet these obligations you must obtain the person's consent and ask them to sign the form at Question 8 before submitting the referral to CCS. If you are unable to obtain the person's signature, you must obtain verbal consent from them and indicate this consent at Question 9.

The department will take reasonable steps to ensure that personal information provided in a referral to CCS is disclosed to a CCS service provider in accordance with the *Privacy Act* 1988.

The <u>department's privacy policy</u> is available on the department's website.

The privacy policy explains how a person can make a privacy complaint to the department or seek access to or correction of personal information held by the department.

How to submit the referral form

The department accepts referral forms via email, fax or post. Electronic communication is the preferred method of communication.

E-mail contact	ccs@dss.gov.au
Facsimile	(02) 6133 8353
PO Box	Att: Complex Case Support
	GPO Box 9820
	Melbourne VIC 3001
CCS enquiry line	1300 855 669
Homepage	www.dss.gov.au

The Australian Government accepts no responsibility for the security or integrity of any information sent to the department over the internet or by other electronic means.

If you are assisting someone to complete this form, please ensure the individual in question (and any family members included on the form) is aware of this information page and is given a copy of this for their records along with the completed form

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Referral for Complex Case Support (CCS)

Department of Social Services

Date

D	etails of referring organ	nisation or individual		
1.	Name of organisation/indiv	dual making the referral		
2.	Address			
	State/territory			Postcode
3.	Referrer's Contact details			
Ο.	Name			
	Telephone number (including area code)		Fax (including area code)	
	Mobile			
	E-mail address			
4.	In what capacity is your orgaccessed, how long have the		with the person/s? Wha	at services have they

C.	lient consent
5.	Is the primary person under 18 years of age?
	No ☐ Go to Question 8 Yes ☐
6.	Does the person under 18 years of age have a level of maturity and understanding to sign the consent form?
	No ☐ Yes ☐ ▶ Go to Question 8
7.	Has this referral been discussed and agreed to by their parent or legal guardian?
	No

8.	departm for the C	son or parer ent to asses CCS progran to a CCS se	ss, their n. The p	(and any erson or	person	under th	he age c	f 18 ye	ars a	ilso m	entione	ed in th	is re	eferraĺ), e	ligibility	
	Note: P	lease obtain	the per	son's sig	nature if	possibl	e.									
	Signatur of perso parent/g								Da	ate			>	Go to C	Question 1	0
	OR Unable to	o obtain sigr	nature		Go to	Questio	on 9									
9.	If a signa	ature canno	t be obta	ained:												
	ı	Has the pers referral being rears also m	g collect	ed and u	ised by t	the depa	artment t	o asses	ss th	eir (or						
	OR															
	 Has the person or parent/guardian verbally consented to the disclosure of information provided in this referral to a CCS service provider? 															
	OR															
	_ '	f consent ca necessary to												nere the re	eferral is	
	No															
	Signatur referrer	e of														
	Interprete	er used	No 🗌	Yes 🗌												
	Note: If	obtaining ve	rbal con	ısent, you	u must ta	ake all re	easonab	le steps	s to e	ensure	:					
	1.	You have child's informay be di	ormation	n mention												
	2.	The perso	e. ·				-		•							
	3.	The person	on or pai	rent/guar	dian agr	rees to tl	he colle	ction of	their	perso	nal inf	ormatio	on fo	or this pu	rpose,	

use and disclosure.

Person's details		
10. Primary person		
Family name		
Given names		
11. Date of birth (if k	(nown)	
	OR age	
12. Gender Male	e 🗌 Female 🗌	
13. Country of Birth		
14. Religion		
15. Person's contact	t details	
Address		
		Postcode
Tolophono num	nber (including area code)	Fosicode
Mobile	liber (including area code)	
E-mail		
	f the primary parson (if known)	
	f the primary person (if known)	
200 ☐ 201 ☐ Other ► S		Note : 'Other' visa subclasses may be
Other > 3	Specify	accepted in exceptional circumstances.
17. Date of arrival (if	f known)	
18. How well does the	he person speak English?	
Very well ☐ W	Vell ☐ Not well ☐ Not at all ☐	
19. Is an interpreter	required?	
No 🗌		
Yes 🗌 🕨 Prim	nary language Alternation	ve language
20. Total number of	family members requiring CCS service	
	Please list names and ages (if known)	

The primary person has informed other adult family members that their information will also be collected by the department for the purposes of the CCS Programme and disclosed to a CCS Service Provider.

By signing below, the primary person declares that other family members consent to the collection, use and disclosure of their personal information for the purposes of the CCS Programme.

By signing below, the primary person also gives consent to the collection of their dependent children's information.

Other Family Mem	bers (over 18 years of age)	
Name:	Age:	Signature
Name:	Age:	Signature
Name:	Age:	Signature
Family Members u	nder 18 years of age and the p	rimary person gives consent to share their information
Name:	Age:	
Signature of Prima	ary Person	
1. Has the person pre Don't know No Yes	viously received CCS services	either as a primary person or through a family intervention?

Mental health, emotional well-being (eg. stress, anxiety) Physical health, disability Family and/or relationship breakdown Domestic or family violence Child welfare concerns (eg. abuse, neglect) Behavioral concerns (eg. risky, anti-social behavior) Social isolation, lack of support networks Limited life skills or orientation to services Financial hardship Legal issues Other (specify) Other (specify) Other (specify) Applain the reasons you numbered each box in Question 22.	Mental health, emotional well-being (eg. stress, anxiety) Physical health, disability Family and/or relationship breakdown Domestic or family violence Child welfare concerns (eg. abuse, neglect) Behavioral concerns (eg. risky, anti-social behavior) Social isolation, lack of support networks Limited life skills or orientation to services Financial hardship Legal issues Other (specify) Other (specify) Other (specify) Applain the reasons you numbered each box in Question 22.	·	Mental health, emotional well-being (eg. stress, anxiety) Physical health, disability Family and/or relationship breakdown Domestic or family violence Child welfare concerns (eg. abuse, neglect) Behavioral concerns (eg. risky, anti-social behavior) Social isolation, lack of support networks Limited life skills or orientation to services Financial hardship Legal issues Other (specify) Other (specify) Other (specify) Axplain the reasons you numbered each box in Question 22.	Mental health, emotional well-being (eg. stress, anxiety) Physical health, disability Family and/or relationship breakdown Domestic or family violence Child welfare concerns (eg. abuse, neglect) Behavioral concerns (eg. risky, anti-social behavior) Social isolation, lack of support networks Limited life skills or orientation to services Financial hardship Legal issues Other (specify) Other (specify)
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22. Number the issues currently impacting on the person and their family in order of severity and risk to the client and

If insufficient space, use the 'Additional information' box at Question 27

family members.

23.

The most severe risk should be numbered 1.

Name of organisation/service	Dates (if known)	Type of service delivered	Organisation's phone number and contact details
	FROM		
	то		
	FROM		
	то		
	FROM		
	то		
	FROM		
	то		
	FROM		
	то		
f insufficient space, use the 'Add hat additional services or supponctude any reference to difficulti	ort does the person/family	y need?	

If insufficient space, use the 'Additional information' box at Question 27

24. Provide details of organisations or services involved with the person/family

25.

26.	Provide details of the person's strengths and understanding of their situation
	If insufficient space, use the 'Additional information' box at Question 27
27	Additional information

If insufficient space, attach additional details