Refer 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:

- 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 department’s privacy policy 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.

Email contact: ccs@dss.gov.au
Facsimile: (02) 6133 8353
PO Box: 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.
This page is intentionally blank
Referral for
Complex Case Support (CCS)

Date

Details of referring organisation or individual

1. Name of organisation/individual making the referral

2. Address

State/territory

Postcode

3. Referrer’s Contact details

Name

Telephone number
(including area code)

Fax (including area code)

Mobile

E-mail address

4. In what capacity is your organisation currently working with the person/s? What services have they accessed, how long have they been with you?

Client 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 □

Yes □
8. The person or parent/guardian consents to the information in this referral being collected and used by the department to assess, their (and any person under the age of 18 years also mentioned in this referral), eligibility for the CCS program. The person or parent/guardian consents to the disclosure of information provided in this referral to a CCS service provider.

Note: Please obtain the person’s signature if possible.

<table>
<thead>
<tr>
<th>Signature or mark of person or parent/guardian</th>
<th>Date</th>
<th>Go to Question 10</th>
</tr>
</thead>
</table>

OR

Unable to obtain signature ☐  ▶ Go to Question 9

9. If a signature cannot be obtained:

- Has the person or parent/guardian been made aware of, and verbally consented to, the information in this referral being collected and used by the department to assess their (or any person under the age of 18 years also mentioned in this referral) eligibility for the CCS program?

OR

- Has the person or parent/guardian verbally consented to the disclosure of information provided in this referral to a CCS service provider?

OR

- If consent cannot be obtained because it is unreasonable or impractical to do so and where the referral is necessary to lessen or prevent a serious threat to life, health or safety of an individual

No ☐

Yes ☐

Signature of referrer

Interpreter used  No ☐  Yes ☐

Note: If obtaining verbal consent, you must take all reasonable steps to ensure:

1. You have fully explained to the person/s or parent/guardian the purpose of collecting their (and any child’s information mentioned in the referral) personal information, how it will be used and to whom it may be disclosed.

2. The person or parent/guardian has acknowledged that they understand this purpose, use and disclosure.

3. The person or parent/guardian agrees to the collection of their personal information for this purpose, use and disclosure.
Person’s details

10. Primary person
   Family name
   Given names

11. Date of birth (if known)
    OR age

12. Gender  Male  □  Female  □

13. Country of Birth

14. Religion

15. Person’s contact details
   Address
   Postcode
   Telephone number (including area code)
   Mobile
   E-mail

16. Visa subclass of the primary person (if known)
   200 □  201 □  202 □  203 □  204 □  866 □
   Other  ▶ Specify
   Note: ‘Other’ visa subclasses may be accepted in exceptional circumstances.

17. Date of arrival (if known)

18. How well does the person speak English?
   Very well □  Well □  Not well □  Not at all □

19. Is an interpreter required?
   No □
   Yes □  Primary language
   □  Alternative 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 Members (over 18 years of age)

Name:        Age:       Signature
Name:        Age:       Signature
Name:        Age:       Signature

Family Members under 18 years of age and the primary person gives consent to share their information

Name:       Age:
Name:       Age:
Name:       Age:
Name:       Age:

Signature of Primary Person

21. Has the person previously received CCS services either as a primary person or through a family intervention?
   Don't know ⡿
   No ⡿
   Yes ⡿
22. Number the issues **currently** impacting on the person and their family in order of severity and risk to the client and family members.

The most severe risk should be numbered 1.

**Note:** Only number the issues relevant to the person and their family.

<table>
<thead>
<tr>
<th>Issue currently impacting</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation, homelessness</td>
<td></td>
</tr>
<tr>
<td>Mental health, emotional well-being (eg. stress, anxiety)</td>
<td></td>
</tr>
<tr>
<td>Physical health, disability</td>
<td></td>
</tr>
<tr>
<td>Family and/or relationship breakdown</td>
<td></td>
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<tr>
<td>Domestic or family violence</td>
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<tr>
<td>Child welfare concerns (eg. abuse, neglect)</td>
<td></td>
</tr>
<tr>
<td>Behavioral concerns (eg. risky, anti-social behavior)</td>
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<tr>
<td>Social isolation, lack of support networks</td>
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<tr>
<td>Limited life skills or orientation to services</td>
<td></td>
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<tr>
<td>Financial hardship</td>
<td></td>
</tr>
<tr>
<td>Legal issues</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

23. Explain the reasons you numbered each box in Question 22.

Include the background and current circumstances of the person/family.

If insufficient space, use the ‘Additional information’ box at Question 27
24. Provide details of organisations or services involved with the person/family

<table>
<thead>
<tr>
<th>Name of organisation/service</th>
<th>Dates (if known)</th>
<th>Type of service delivered</th>
<th>Organisation's phone number and contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td></td>
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</tr>
</tbody>
</table>

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

25. What additional services or support does the person/family need?
   Include any reference to difficulties in successful engagement with other services.

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