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| --- | --- |
| Australian Government Department of Social Services logo | Referral for Complex Case Support (CCS) |

**Important** – Please read this information carefully before completing the form. We strongly advise keeping a copy for your records.

# The Complex Case Support Programme

The Department of Social Services’ (DSS) Complex Case Support (CCS) programme provides specialised and intensive support for humanitarian entrants with exceptional needs.

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

# Who is eligible for CCS?

People holding the following visas are eligible for CCS:

* Refugee
* Special Humanitarian Programme
* Permanent Protection
* Temporary Protection.

Holders of other permanent visas may be eligible in exceptional circumstances.

Clients are eligible for CCS services up to five years after arrival in Australia. This time frame may be extended in exceptional circumstances.

Those eligible for CCS usually have several intense or critical needs that require support from multiple services. These might include:

* disability
* mental health, emotional wellbeing issues
* physical health issues
* accommodation
* domestic or family violence.

CCS provides additional and complementary support to clients who may already be receiving services through the Humanitarian Settlement Services, Settlement grants and the Adult Migrant English programmes.

Further information on [Settlement and Multicultural programmes](http://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/settlement-reporting-facility) is available from the department’s website.

[AMEP](http://www.education.gov.au/amep) is administered by the Department of Education and Training. Further information is available from their website.

# Who can make a referral to CCS?

Anyone can refer a person to CCS, including the person requiring the services.

If you are unsure whether a person is eligible for CCS, or if you need help completing this form, please call **1300 855 669**

# What happens after the referral is submitted?

DSS will assess the eligibility of the person referred.

If the person is eligible for CCS, DSS will engage a service provider to assist with linking them to the required services.

# Consent and Privacy

Consent from the person/s listed on this form is required for referrals to be assessed by DSS. All reasonable steps must be taken to ensure **all** people listed on this form understand and consent to:

* being referred to the CCS programme
* the provision of CCS services to the person(s)
* information in the referral form being provided to DSS to assess their eligibility for CCS
* DSS, its service providers and other agencies using and disclosing the person’s personal information where that use or disclosure is directly relevant to the provision of CCS.

DSS 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.

Personal information collected on this form will be disclosed to a contracted service provider engaged by DSS to deliver CCS services.

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](http://www.dss.gov.au/privacy-policy) is available on the DSS website.

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

# How to submit this form

Please send the completed form to DSS by email, fax or post (email is preferred).

| **E-mail** | [ccs@dss.gov.au](mailto:ccs@dss.gov.au) |
| --- | --- |
| **Fax** | (02) 6133 8353 |
| **Post** | Att: Complex Case Support  GPO Box 9820  MELBOURNE VIC 3001 |
| **Phone** | 1300 855 669 |
| **Website** | [www.dss.gov.au](http://www.dss.gov.au) |

The Australian Government accepts no responsibility for the security or integrity of any information sent to DSS 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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# Date Click here to enter a date.

# Details of referring organisation or individual

## Name of organisation making the referral

|  |
| --- |
|  |

## Contact details

| Name |  |
| --- | --- |

| Telephone / Mobile   number | (     ) |
| --- | --- |

|  |  |
| --- | --- |
| E-mail address |  |

# Consent

Important: You (the referrer) must obtain the person’s consent and their signature below before submitting this form to DSS. If you are unable to obtain the person’s signature, you must obtain their verbal consent and indicate this below.

All person/s or parent/guardian:

* agree to being referred to the CCS programme (and any person(s) under the age of 18 years also mentioned in this form)
* consent to the information in this form 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 programme. All person/s or parent/guardian consent/s to the disclosure of information provided in this referral to a CCS service provider and the department.

The primary person has informed other adults mentioned in this referral that their information will also be collected by the department for the purposes of the CCS programme and disclosed to a CCS Service Provider.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature or mark of primary person or parent/guardian** |  |  | **Date** |
|  |  |

Other adults listed on this form can also give consent by signing this section (optional).

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature or mark of person mentioned on this form** |  |  |  |
|  |  |

**OR**

If you could not obtain the person’s signature above, have you obtained verbal consent, and have all reasonable steps been taken to ensure:

* you (the referrer) have fully explained to all 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

Yes  No

* all person/s or parent/guardian have/has acknowledged they understand this purpose, use and disclosure

Yes  No

* all person/s or parent/guardian agree/s to the collection of their personal information for this purpose, use and disclosure?

Yes  No

* If written or verbal 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.

Yes  No

| **Signature of referrer** |  |
| --- | --- |

# Primary person’s details

## Name

| Family name |  |
| --- | --- |

| Given names |  |
| --- | --- |

## Date of Birth

|  | **OR** Age |  |
| --- | --- | --- |

## Gender

Male  Female  Indeterminate/Intersex/Unspecified

## Country of Birth

|  |
| --- |

## Religion

|  |
| --- |

## Person’s contact details

**Address**

| Street Address |  |
| --- | --- |

| Suburb |  |
| --- | --- |

| State / Territory |  | Postcode |  |
| --- | --- | --- | --- |

| Mobile Number |  |
| --- | --- |

## Visa subclass of the primary person (if known)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 200  201  202  203  204  866  449  785  786  790 | | | | | |
|  | Other | Arrow | Specify |  | **Note: ‘**Other’ visa subclasses may be accepted in exceptionalcircumstances. |

## Is an interpreter required?

No

| Yes | Arrow Primary language |  | Alternative language |  |
| --- | --- | --- | --- | --- |

## Total number of family members requiring CCS services

|  |
| --- |

Please list names and ages (if known) of all other people, including other adults who have given their consent.

Name:  Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

## Organisations

Provide details of organisations (including your organisation) or services involved with the person/family.

| **Name of Organisation** | **Type of service/s delivered** | **Organisation’s contact** |
| --- | --- | --- |
|  |  |  |
| **From**:  **To**: | | |
|  |  |  |
| **From**:  **To**: | | |
|  |  |  |
| **From**:  **To**: | | |
|  |  |  |
| **From**:  **To**: | | |

## Issues impacting the person/s

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**. Please explain how the person/s are being impacted by these issue/s.

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

| **Issue currently impacting the person/s** | **Number** | **Summary of issue** |
| --- | --- | --- |
| Accommodation, homelessness |  |  |
| Mental health, emotional well-being  (for example: stress, anxiety) |  |  |
| Physical health |  |  |
| Disability |  |  |
| Family and/or relationship breakdown |  |  |
| Domestic or family violence |  |  |
| Child and youth welfare concerns  (for example: abuse, neglect) |  |  |
| Behavioural concerns  (for example: risky, anti-social behaviour) |  |  |
| Social isolation, lack of support networks |  |  |
| Limited life skills or orientation to services |  |  |
| Financial hardship |  |  |
| Legal issues |  |  |
| Other (specify) |  |  |
| Other (specify) |  |  |

## Additional information (if required).

|  |
| --- |

| DSS Office Use Only | | |
| --- | --- | --- |
| **Contract Manager** | Name: | Date: Click here to enter a date. |
| Is it recommended that this referral be accepted to receive CCS service? | | |
| Yes | Yes (exceptional circumstances)  (provide reasons in Additional information below) | No  (provide reasons in Additional   information below) |
| **Additional information** | | |
| **Delegate agreement to recommendation** | **YES**  **NO**  Name:  Signature: | Date:Click here to enter a date. |