**Please note:** A separate application form must be submitted for each child seeking brokerage support. Please consult with the Statewide Children’s Resource Program representative before completing an application and ensure you fill in all sections as incomplete forms will not be processed.

**Payments are only authorised for the activities and length of time specified on the application. Children CAN NOT be re-enrolled into activities without permission.**

**Invoices for unauthorised activities will be returned to the referring agency for processing.**

**Consent given to referring agency to pass information to AIHW  Consent given for referral**

|  |  |
| --- | --- |
| **Child’s name:** Click here to enter text. | **Country of Birth:** Click here to enter text. |
| **DOB:** Click here to enter text. | **Date of Arrival:** Click here to enter text. |
| **Gender:** Choose an item. | **Main Language:** Click here to enter text. |
| **Identifies as (Indigenous status, NOT gender)\*** Choose an item. | **Other Language spoken at home:** Click here to enter text. |
| **Referring agency:** Click here to enter text. | **Current Post code:**  Click here to enter text. |
| **Referring worker:** Click here to enter text. | **Phone number:** Click here to enter text. |
| **Agency postal address:** Click here to enter text. | **Email:** Click here to enter text. |
| **Date of referral:** Click here to enter a date. | **Has the child received assistance before?** Choose an item. |

\*Indigenous status is required\*

|  |  |
| --- | --- |
| **Reasons for the family seeking assistance from the referring agency** | |
| Financial difficulties | Problematic alcohol use |
| Housing affordability stress | Employment difficulties |
| Housing crisis (recently evicted) | Problematic gambling |
| Inadequate or inappropriate dwelling | Transition from custodial arrangement |
| Previous accommodation ended | Transition from foster care and child safety placements |
| Time out from family/other situation | Transition from other care arrangements |
| Relationship/family breakdown | Discrimination including racial discrimination |
| Sexual abuse | Itinerant |
| Domestic and family violence | Unable to return home due to environmental reasons |
| Non family violence | Disengagement with school and other support |
| Mental Health issues | Lack of family / community |
| Medical issues | Other: Click here to enter text. |
| Problematic drug or substance use | Don’t know |
| **Main reason the family is seeking assistance from referring agency. \*\*choose one of the above\*\*** Click here to enter text. | |
| **Has the child experienced family violence?**  Yes  No  \*Being in the care of a person who choses violence is sufficient, the violence doesn’t need to be targeted at the child | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does the child need help/supervision in the following areas due to a long-term health condition or disability?** | | | | | |
|  | **Always/sometimes need help and/or supervision** | **Have difficulty but don’t need help/supervision** | **Don’t have difficulty but use aids/equipment** | **Have no difficulty** | **Don’t know** |
| **Self-care** |  |  |  |  |  |
| **Mobility** |  |  |  |  |  |
| **Communication** |  |  |  |  |  |

**Is the client receiving a package through NDIS?**  Yes  No  Don’t Know

|  |  |
| --- | --- |
| **The following three questions relate to the child’s mental health history:** | |
| **Prior mental health diagnosis:**  Yes  No  Don't know  Not applicable | |
| **How long have mental health services been received?** | |
| Currently receiving services | No services ever received |
| Received services in the last 12 months | Don't know |
| Received services more than 12 months ago | Not applicable |
| Received services no timeframe reported |  |
| **Other mental health indicators** | |
| Agency worker | Self-identified |
| Health Professional | Other |
| Non-Government agency | No information indicating mental illness |
| Family, friends, carers | Not Applicable |

|  |  |
| --- | --- |
| **Living Arrangement** | |
| One parent with Children | Group |
| Couple with child (ren) | Don’t Know |
| Other family type (please state): Click here to enter text. |  |
| **Dwelling** | |
| Emergency or crisis accommodation | Disability support |
| House/townhouse/flat – **Specify type** Choose an item. | Rehabilitation |
| Improvised dwelling/ building | Adult correctional facility |
| Motor vehicle | Youth/juvenile justice facility |
| Caravan/tent/cabin | Boarding school/residential college |
| Hotel/motel | Immigration detention centre |
| Hospital | Don’t know |
| Psychiatric hospital/ unit | Other (please state): Click here to enter text. |

|  |
| --- |
| **Child’s Labour Force Status:**  N/A under 15  Unemployed  Employed  Not in Labour Force  Don’t know |
| **Employment status of child:**  N/A under 15  Unemployed  Part-Time  Full-Time  Don’t know |
| **Main Income Source:**  Newstart  Austudy  ABstudy  Youth Allowance  Nil Income  Don’t know |
| **Awaiting Benefit:**  N/A under 15  Yes  No  Don’t know |

|  |  |
| --- | --- |
| **Education: enrolled in:**  N/A too young  Childcare  Preschool  Primary School  Secondary School | |
| Enrolled and attending | Enrolled but waiting to commence |
| Enrolled but not always attending | Home schooled |
| Enrolled but not attending | Neither enrolled or home schooled |

|  |  |
| --- | --- |
| **Is the child under a current care and protection order?**  Yes No | |
| **Care arrangements (only for children under a care and protection order):** | |
| Residential care | In Care – details: Click here to enter text. |
| Family group home | Other (Please state) Click here to enter text. |
| Relatives/ kin (who are reimbursed) | Relatives/ kin (who are not reimbursed) |
| Foster care | Lives with family |
| Other home based care (reimbursed) | Independent living |
| Lives with family | Parents |

**\*\*Please provide a summary of the child’s needs as reflected by their case plan( this must not be around the needs of the parent):Required** Click here to enter text.

**\*\*What outcomes for the child do you expect as a result of brokerage? Required** Click here to enter text.

|  |  |
| --- | --- |
| **Main need for brokerage (can tick more than one if necessary):** | |
| **The child requires assistance for:** |  |
| Education - Fee assistance | Sport/Recreation - Uniforms/equipment |
| Education - Camp/excursion | Specialist support - Counselling |
| Education - School materials | Specialist support - Specialist medical assessment |
| Education – Tutoring | Specialist support - Specialist psychological/behavioural assessment |
| Education – Uniform | Specialist support - Developmental activities support |
| Education - Kindergarten | Other - Cultural/Spiritual |
| Education - Respite | Other - Transport |
| Education - Vacation care | Community - Childcare |
| Education - Before/after school care | Community – Performing arts and craft activities |
| Sport/Recreation - Fees | Other - Unspecified |

**Have you tried other funding sources to meet the needs of this child? (ie State School Relief, Flexible Family Violence or Family Service Packages, Victorian Eyewear Service?)**

YES (please state): Click here to enter text.

NO (provide reason): Click here to enter text.

**How will the child be assisted to continue the activity (if required) when brokerage funds are expended?** Click here to enter text.

**Describe the activity /resource you are seeking funding for:** Click here to enter text.

**PAYMENT DETAILS Please note applications cannot be processed without tax invoices**

**Account name:** Click here to enter text. **BSB and Account details:** Click here to enter text.

**Organisation Name:** Click here to enter text. **Contact Name:** Click here to enter text.

**Address:** Click here to enter text. **Email:** Click here to enter text.

**ABN:** Click here to enter text. **Amount of Brokerage requested: $** Click here to enter text.