*** Homeless Children’s Brokerage Program***

 ***Application Form 2020-21***

***Please email application forms to***

**All applications need to be approved by CRP coordinator prior to enrolment in activities.**

**Please note that a separate application form must be submitted for each child seeking brokerage support.**

**Payments are only authorised for the activities and length of time specified on the application.**

**Children CANNOT be re-enrolled into activities without permission.**

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

 **Please fill in all sections as incomplete forms will not be processed.**

***It is the applying practitioner’s responsibility to ensure material goods purchased with SCRP Brokerage are received by the child.***

**Prior to completing this form, please ensure you have an invoice from the supplier with the following:**

**Please check the following boxes to ensure completeness:**

[ ]  **Invoices marked “quote” or “quote only” cannot be accepted as invoices, even if it fills the criteria of a tax invoice (see below).**

[ ]  **Invoice must follow all legal requirements of a Tax Invoice:**

* + - * Heading of ‘tax invoice’ or similar (the words ‘Tax Invoice’ must be present)
			* The seller's identity (Name of business)
			* The seller's Australian business number (ABN)
			* The date the invoice was issued (as well as due date)
			* A brief description of the items sold, including the quantity (if applicable) and the price
			* The GST amount (if any) payable – this can be shown separately or as a statement such as 'Total price includes GST'

[ ]  **The invoice is made out to**

[ ] The invoice MUST include bank deposit information (unless the supplier has stated a preference for cheque)

[ ] Unless prior approval has been sought, the invoice cannot exceed approximately $400

[ ] One invoice per child (though any one application may have multiple invoices – please ensure each invoice is uniquely numbered)

[ ] For prompt payment, please ensure invoices have either 7 or 14 day payment terms.

[ ] If requesting school uniform (or textbooks or calculators for secondary school students), has State School Relief been discussed, **with the school principal?**

**Brokerage Application**

[ ]  **Consent given to referring agency to pass information to AIHW**

[ ]  **Consent given for referral**

**Child’s name:** Click here to enter text.

**Child’s Alpha Code:** Click here to enter text.

**DOB:** Click here to enter text.

**Gender (identifies)**: Choose an item.

**Cultural identity** Choose an item.

**Country of Birth:** Click here to enter text.

**Date of Arrival:** Click here to enter text.

**Main Language at home:** Click here to enter text.

**Other Languages at home:** Click here to enter text.

**Current Post code:** Click here to enter text.

**Referring agency:** Click here to enter text.

**Referring worker:** Click here to enter text.

**Agency postal address:** Click here to enter text.

**Phone number:** 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.

**Reasons for the family seeking assistance from the referring agency**

[ ]  Financial difficulties

[ ]  Housing affordability stress

[ ]  Housing crisis (recently evicted)

[ ]  Inadequate or inappropriate dwelling

[ ]  Previous accommodation ended

[ ]  Time out from family/other situation

[ ]  Relationship/family breakdown

[ ]  Sexual abuse

[ ]  Domestic and family violence

[ ]  Non family violence

[ ]  Mental Health issues

[ ]  Medical issues

[ ]  Problematic drug or substance use

[ ]  Problematic alcohol use

[ ]  Employment difficulties

[ ]  Problematic gambling

[ ]  Transition from custodial arrangement

[ ]  Transition from foster care and child safety residential placements

[ ]  Transition from other care arrangements

[ ]  Discrimination inc. racial discrimination

[ ]  Itinerant

[ ]  Unable to return home due to environmental reasons

[ ]  Disengagement with school and other support

[ ]  Lack of family / community

[ ]  Other Click here to enter text.

[ ]  Don’t know

**Main reason the family is seeking assistance from referring agency. \*\*From those chosen 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

**Health**

**Is the** **CHILD** **currently receiving an agreed NDIS Package?**

[ ]  Yes

[ ]  No

[ ]  Don't know

**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** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**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 mental health services been received**

[ ]  Currently receiving services

[ ]  Received services in the last 12 months

[ ]  Received services more than 12 months ago

[ ]  Received services no timeframe reported

[ ]  No services ever received

[ ]  Don't know

[ ]  Not applicable

**Other mental health indicators**

[ ]  Agency worker

[ ]  Health Professional

[ ]  Non-Government agency

[ ]  Family, friends, carers

[ ]  Self-identified

[ ]  Other

[ ]  No information indicating mental illness

[ ]  Not applicable

**Living arrangements**

[ ]  One parent with Children

[ ]  Couple with child (ren)

[ ]  Other family type (please state):

[ ]  Group

[ ]  Don’t know

**Dwelling**

[ ]  House/ townhouse/ flat – Specify type Choose an item.

[ ]  Caravan/ tent/ cabin

[ ]  Improvised dwelling/ building

[ ]  Motor vehicle

[ ]  Emergency or crisis accommodation

[ ]  Hotel/ motel

[ ]  Hospital

[ ]  Psychiatric hospital/ unit

[ ]  Disability support

[ ]  Rehabilitation

[ ]  Adult correctional facility

[ ]  Youth/ juvenile justice facility

[ ]  Boarding school/ residential college

[ ]  Immigration detention centre

[ ]  Don’t know

[ ]  Other (please state) Click here to enter text.

**Tenure**

[ ]  Living with relative fee free [ ]  Other Click here to enter text.

**Employment status of child:**[ ]  N/A Under15

[ ]  Unemployed

[ ]  Part-Time

[ ]  Full-Time

[ ]  Don’t Know

**Education: enrolled in** [ ]  N/A too young

[ ]  Childcare

[ ]  Preschool

[ ]  Primary School

[ ]  Secondary School

**Attending (select one only)**

[ ]  Enrolled and attending

[ ]  Enrolled but not always attending

[ ]  Enrolled but not attending

[ ]  Enrolled but waiting to commence

[ ]  Home schooled

[ ]  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

[ ]  Family group home

[ ]  Relatives/ kin (who are reimbursed)

[ ]  Foster care

[ ]  Other home based care (reimbursed)

[ ]  Lives with family

[ ]  In Care – details: Click here to enter text.

[ ]  Other (Please state) Click here to enter text.

[ ]  Relatives/ kin (who are not reimbursed)

[ ]  Lives with family

[ ]  Independent living

[ ]  Parents

**Please provide a summary of the child’s needs as reflected by their case plan:**

Click here to enter text.

**Main need for brokerage (can tick more than one if necessary):**

The child requires assistance for:

[ ]  Education - Fee assistance

[ ]  Education - Camp/excursion

[ ]  Education - School materials

[ ]  Education – Tutoring

[ ]  Education – Uniform

[ ]  Education - Centre based care

[ ]  Education - Respite

[ ]  Education - Vacation care

[ ]  Education - Before/after school care

[ ]  Sport/Rec - Fees

[ ]  Sport/Rec - Uniforms/equipment

[ ]  Specialist support - Counselling

[ ]  Specialist support - Specialist medical assessment

[ ]  Specialist support - Specialist psychological/behavioural assessment

[ ]  Other - Developmental activities support

[ ]  Other - Cultural/Spiritual

[ ]  Other - Transport

[ ]  Community - Childcare

[ ]  Community - Craft and arts activities

**What outcomes do you expect as a result of brokerage?**

Click here to enter text.

**Have you tried other funding sources to meet the needs of this child?**

[ ]  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 invoices**

**Attach invoices with application**

**How is payment being made?** [ ]  Cheque [ ]  Direct bank deposit

**Payment required to -who is the cheque being made out to/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.