*** 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.