



Homeless Children's Brokerage Application

Prior to applying for Homeless Children's Brokerage, please contact your region's Statewide Children's Resource Program Coordinator.

Please email completed Application form to childrensresourceprogram@cnv.org.au

- Approval **MUST** be provided by the SCRCP Coordinator prior to purchasing the goods or service or enrolment in activities, and are only approved for the specified length of time indicated.
- A separate application form must be submitted for each child seeking brokerage support.
- An invoice **MUST** be submitted with your application.
- It is the practitioner's responsibility to ensure material goods purchased with Children's Brokerage are received by the child.
- Children **CANNOT** be re-enrolled into activities without reapplying and approval.
- Fill in all sections as incomplete forms will not be processed.

Consent *

Consent given for referral

Consent given to referring agency to provide information to the Australian Institute of Health and Welfare

Child's Name *

First Name Last Name

Date of birth *

Day Month Year



Gender *

Cultural Identity *

Country of birth *

Date of arrival

Month Day Year



Main language *

Other language spoken at home *

Has the child received assistance from the program before *

YES
NO

Practitioners Details *

Name of referring practitioner Phone Number

Email *

example@example.com

Name of referring agency and program

Date of referral *



Day Month Year

Reasons for the CHILD seeking assistance from the referring agency *

- | | |
|--------------------------------------|---|
| Inadequate or inappropriate dwelling | Employment difficulties |
| Previous accommodation ended | Transition from custodial arrangement |
| Time out from family/other situation | Transition from foster care and child safety placements |
| Relationship/family breakdown | Transition from other care arrangements |
| Sexual abuse | Discrimination including racial discrimination |
| Domestic and family violence | Itinerant |
| Non family violence | Unable to return home due to environmental reasons |
| Mental Health issues | Disengagement with school and other support |
| Medical issues | Lack of family / community |
| Problematic drug or substance use | Problematic gambling |
| Don't know | |

Main reason the child is seeking assistance *

Has the child experienced family violence? (Being in the care of a person who chooses violence is sufficient, the violence doesn't need to be targeted at the child). *

- YES
- NO

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 child receiving an agreed package through NDIS? *

CHILD's prior mental health diagnosis *

How long have mental health services been received? *

Other mental health indicators *

Living Arrangements *

Dwelling *

One parent with Children Group

Couple with child (ren)

Don't Know

Employment status of child *

Child's main income source *

Is the child awaiting benefits *

Education - enrolment *

Attendance *

Is the child under a current care and protection order? *

Care arrangements - only if in care

YES

NO

What are the child's needs reflected in their case plan? *

What needs have been identified as part of your assessment of the child? Copies of assessments and case plans are not required, however a summary of the case plan and goals is sufficient as part of the application process.

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

YES

NO

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

How will the brokerage be used to support or engage the child and assist them to overcome the needs identified? You will need to think about what support the child needs, how it can be met, and what the intended outcomes is.

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

Are there any ongoing costs to the caregiver once the brokerage funds have been used? For example, indicate whether there are no ongoing costs as it is a one off purchase. Or, if there are ongoing costs, advise how these will be met after the brokerage is exhausted. The intention behind the brokerage is not to place caregivers in financial hardship, and therefore, there needs to be a reasonable plan to allow continuance of the activity if brokerage is no longer available.

Describe the activity /resource you are seeking funding for and the amount *

Outline how much each item/service costs, and the quantity.

Payment - Applications cannot be processed without an invoice and must not exceed the amount of \$400 per child, per financial year. Approval will not be given to purchase gift cards, to pay outstanding debt, or to reimburse already purchased items.

Is the invoice attached *

Total brokerage amount requested *

Yes
No, but I have contacted the SCRP Coordinator and made alternative arrangements

Payment method *

Credit card
EFT (must include ABN and child's name)

Business name

Payment Details

BSB Account number