



Redland Care Coordination Referral and Consent Form



Referral Information

Referral date: _____ Referring Service: _____

Referring Worker: _____ Contact (email): _____

Contact (phone): _____

Care Coordination Group Referred:

Redland

Please send completed referral form to: bree.tukavkin@qshelter.asn.au

Client Details

Client name: _____ Date of Birth: _____ Gender: _____

Family Construct: Single Cultural Background: _____

Couple First Language: _____

Family Interpreter Req'd: Yes

Group No

Presenting Issues

Current Housing: Rough Sleeping/Improvised Short Term/Crisis

Couch Surfing Friends/family

Social Housing – at risk Private Housing – at risk

Vulnerabilities: Forced to do thing/exploited Risk taking behaviours

Domestic & Family Violence Children at risk?

Health: Physical Health Issues Mental Health Issues

Managed Managed

Unmanaged Unmanaged

Substance Use: None Sporadic

Regular Significant

Housing Application Approved? Declined? Unknown?

CRN: _____ Income: _____

Brief Overview

Please provide key details of client's presenting situation and support already in place (i.e. do they have an active housing application? Previous history of homelessness and housing? For how long?)



Redland Care Coordination Client Information and Consent

Client Information

Care Coordination Groups made up of specialist services are active across the Brisbane region, and assist people that are, or are at risk of, homelessness to:

- Gain access to safe and sustainable housing

Care Coordination Groups are able to provide and gain access to services focused on (but not limited to):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Housing support | <input checked="" type="checkbox"/> Health, disability and NDIS |
| <input checked="" type="checkbox"/> Mental health | <input checked="" type="checkbox"/> Alcohol and other drugs |
| <input checked="" type="checkbox"/> Aged care | <input checked="" type="checkbox"/> Culturally specific supports |
| <input checked="" type="checkbox"/> Family support and welfare | <input checked="" type="checkbox"/> Advocacy, rights and legal |
| <input checked="" type="checkbox"/> Community participation | <input checked="" type="checkbox"/> Earning, learning or skills development |

Care Coordination groups are supported by a Facilitator. All services involved provide a respectful, person centred, culturally safe and informed approach. You will be able to inform and direct any supports responding to and meeting your needs and goals.

Client Consent

For services to become involved, it is important that you understand and acknowledge how information provided by you will be used, shared and managed. Please review and discuss each of the following with your referring worker before providing your signed consent below:

I understand that (Referring worker - please check each box as it is discussed/acknowledged):

- I am able to have a support person with me to review this information and consent form
- I have the right to refuse or restrict consent, understanding this may limit supports available to me

Services or individuals I do not wish information to be shared with:

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- Only relevant information will be shared, and limited to services involved in care coordination and only during the period of support
- Information will never be shared with anyone beyond my support, unless I have provided further written consent
- I have the right to withdraw my consent at any time by contacting my key worker(s)
- My information will be managed by the Care Coordination Facilitator and held in a password protected Client Management System provided and overseen by Dept. Communities, Housing and Digital Economy.
- All information will be collected and stored in accordance with the 'privacy principles' contained within the *Information Privacy Act 2009 (Qld)*. <https://www.oic.qld.gov.au/about/privacy>
- I have the right to gain access to information recorded about me
- Information about me may be de-personalised and used for reporting and research purposes

I have discussed the above with my key worker, and understand how my information will be collected, used, shared and managed. I hereby provide my written consent:

Client Sign.: _____

Name/Sign. of Support: _____

Referring Worker Sign.: _____

Date: _____