

Townsville Homelessness Integration Response Group (THIRG)

Care Coordination Referral and Consent Form

Referral Information

Referral date: _____ Referring Service: _____
Referring Worker: _____ Contact (email): _____
Contact (phone): _____

Please send completed referral form to: emily.mussap@gshelter.asn.au

Client Details

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

Family Construct: Single Cultural Background: _____
 Couple First Language: _____
 Family Interpreter Reqd: Yes
 Group No

Presenting Issues

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
Health: Physical Health Issues Mental Health Issues
 Managed Managed
 Unmanaged Unmanaged
Substance Use: None Sporadic
 Regular Significant

Brief Overview

Please provide key details of clients presenting situation

Client Outcomes

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Townsville Homelessness Integration Response Group (THIRG)

Care Coordination Client Information and Consent

Client Information

Care Coordination Groups are active across the Queensland, and are made up of specialist services that assist people that are, or 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 Drug |
| <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 facilitated by a Care Coordination Facilitator who coordinate's services involved in providing respectful, person centred, culturally safe and informed support. You will be able to inform and direct any supports that are provided to you in 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 collected and handled will be 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: _____