**Consent Form and Client Information**

A Care Coordination Group (**Group**) consists of multiple agencies - community and government - who work together in the Logan Region. Group members can include Housing Service Centres administered by the Department of Communities, Housing and Digital Economy (DCHDE) and Community Housing Providers in the region.

The purpose of the Group is to provide co-operative support for people who are currently experiencing homelessness or who are at risk of experiencing homelessness, or people who are having difficulty maintaining their tenancies.

The Group will meet every two weeks to work through how to support individuals and/or families who are experiencing housing and other stresses.

The membership of the Group varies in each region, but will commonly include services that support:

* Housing provision
* Assistance to tenants
* Health needs - particularly disability-related, mental health and NDIS
* Alcohol and other drugs treatments
* Aged care needs
* Cultural needs
* Family support and welfare
* Legal assistance
* Enabling your participation in your community
* Employment and education

The Group’s activities are founded on a working culture of respect that is person-centred, culturally safe and client-informed. You will be able have your say about the services that may be made available to you by talking with your Referring Worker.

**Provision of Services**

To provide these services, members of the Group will need to share information about you with other members of the Group and with other support agencies.

The information that will be shared can include:

* Your personal details – name, contact details, personal details such as income and preferred services
* Your health information –health conditions, treatments and health services currently being provided to you
* Family information – next of kin, immediate family, close support persons.
	+ Please tick if you have discussed this Cons*ent Form and Client Information* sheet with your support persons and have made them aware that their personal information may be shared amongst the Group.

PLEASE TICK: [ ]  Yes [ ]  No

**Your information will be shared and discussed among the Group and other support services only if you agree to this. If you do not agree, there will be no effect on the services you are already receiving. However, it would mean that you would not be able to benefit from the additional support services that the Group may be able to offer.**

Before you decide on agreeing to this sharing, please know:

* You can give this information sheet and consent form to a support person to assist you with your choice.
* Your information will be shared for the purpose of better providing care and support services to you.
* If there is a reason to share your information with anyone else, we will contact you to talk about this and if possible, obtain your agreement for this. This can include sharing your information with another Group in Queensland or other support services if you move from the Logan region.
* You can change your mind at any time about agreeing to the sharing or even if you did not want to share.
* Your information will be managed by the Regional Care Coordinator and held in a password protected Client Management System provided and overseen by Department of Communities, Housing and Digital Economy (DCHDE).
* All Group Members recognise the importance of privacy and community awareness regarding the collection, use, disclosure and security of personal (including sensitive) information which may be collected during the course of providing services to you, and will manage your personal information in accordance with all relevant privacy laws. Should you have any concerns about the management of your personal information, you should contact your Referring worker in the first instance.
* You are able to ask for access to your information at any time. Please talk with your Referring Worker about this.

**I agree to have my details shared with the members of the Care Coordination Group and associated service providers.**

**I specifically consent for my information to be shared between Care Coordination Group and:**

[ ]  Centre for Women and Co. [ ]  99 Steps [ ]  Lives Lived Well

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Client Name: ……………………………………………………………….. Date: ………………………………

Signed: ……………………………………………………………….

**OR**

**Verbal consent provided by Client:** Time am/pm Date / /

via phone [ ]  text [ ]  email [ ]

Client Name: ………………………………………………………………..

Verbal consent obtained by (Name and Organisation): ………………………………………………………………..

Signature of worker obtain verbal consent from client: ………………………………………………………………..

**Your de-identified information will be used for research, reporting and evaluation purposes. Do you consent to Case studies being compiled as a part of this requirement?**

PLEASE TICK: [ ]  Yes [ ]  No

**Do you consent to being contacted after you have been supported through Care Coordination as part of ongoing evaluation of the Service Integration program?**

PLEASE TICK: [ ]  Yes [ ]  No

**Family Support Collective**

The Family Support Collective (FSC) is not a service itself, but is a partnership between Government and Non-Government services working with families. The FSC provides an avenue where families and community service providers can work collaboratively to determine the most appropriate strategies to assist families who have experienced significant barriers.  Any families living in Logan with children under 18 who are experiencing issues or barriers that require a more collaborative approach to service provision from multiple providers are eligible for referral to the FSC. Referrals will not be accepted without the consent of the family; however, de-identified cases can be discussed.

**Do you consent to have your information identified and referred to the Family Support Collective?**

PLEASE TICK: [ ]  Yes [ ]  No

**…………………………………………………………………………………………………………………………………………**

**By Name List**

The By Name List is a list of people who are chronically homeless in Logan.  Their names and needs are collated on the Advance to Zero database that enables partnering organisations across the service sector to collaboratively track and quantify homelessness. The quality data is used to understand how the service system is responding and for data driven system improvements to end homelessness

***Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT)***

Is a common assessment tool used alongside the By Name List, that identifies the individual needs of people experiencing homelessness. It enables consistent and transparent triaging of need to prioritise and match people to the services they require, via an acuity rating. Fields covered in the VI-SPDAT include:

▪ History of housing and homelessness

▪ Risks

▪ Socialisation

▪ Daily functioning

▪ Wellness

▪ Health

▪ Family unit

**Do you consent to have your information recorded and stored on the By Name List? If yes, Logan Zero will contact you to obtain more information**

PLEASE TICK: [ ]  Yes [ ]  No

**Do you consent to undertaking an assessment through the VI-SPDAT?**

PLEASE TICK: [ ]  Yes [ ]  No