

## Central Queensland Service Integration Group (CQSIG)

### *Service Integration Group - Client Information, Consent and Referral Form*

#### **What is the Central Queensland Service Integration Group?**

Central Queensland Service Integration Group (CQSIG) is a team of different agencies (community and government) that work together in your area. Members of CQSIG include Housing Service Centres, Community Housing Providers, and other agencies. Q Shelter helps to organise and support the CQSIG through the Service Integration Facilitator in the region.

#### **How Can the CQSIG Help You?**

CQSIG helps people who are homeless, at risk of homelessness, or struggling to keep their homes. They meet every few weeks to discuss how to support people and families in need.

#### **Sharing Your Information**

To help you, members of CQSIG need to share information about you with each other. Occasionally we need to share with agencies who are not a part of CQSIG. If this was needed, we would seek your consent through your referring or lead worker.

#### **What Information Will Be Shared?**

- Your goals, background, and current situation.
- Your personal details like name, contact info, income, and preferred services.
- Your health information, such as conditions and treatments.
- Family information, like your next of kin or close support persons.
- Any other information that can help assess your housing and support needs (e.g. financial difficulties, legal issues, family violence, etc.).

#### **Why Is This Information Shared and How Is The Information Stored?**

This information will be discussed during meetings to plan and report on how to best help you. The information shared with CQSIG is recorded by the Service Integration Facilitator (SIF). The SIF securely stores all information in a password-protected Client Management System overseen by the Department of Housing and Public Works. This ensures your information is safeguarded in line with privacy laws.

#### **Your Consent**

If you want CQSIG to help you, your information needs to be shared among the Group members. We ask for your permission (consent) to do this by signing this form.

#### **What If You Don't Agree?**

If you don't agree to share your information, it won't affect the services you're already receiving. However, CQSIG may not be able to provide additional support without sharing your information.

#### **Your Privacy Rights**

- The Privacy Act 1988 (Cth) and the Information Privacy Act 2009 (Qld) protect your personal information.
- QShelter's Privacy Policy explains how your information is collected, used, and stored. You can read this policy online: <https://qshelter.asn.au/privacy-policy/>.
- Your information will be collected by your Referring Worker or another agency and then shared with QShelter and CQSIG.
- Your information will mostly stay within CQSIG, but if it's in your best interest, it might be shared with other Service Integration Groups after talking to you first.
- Sometimes, your information will be used anonymously for research or reports, so no one will know it's about you.

## Your Rights

- You can ask to see your personal information at any time
- CQSIG will only use your information to provide care and support with your consent.
- Your information won't be shared overseas or used for marketing.

## Questions?

If you have questions or concerns about how your information is managed, contact your Referring Worker or Q Shelter's Service Integration Backbone Support Team - P: 07 38915900.

## Changing Your Mind

You can change your mind about sharing your information at any time.

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## Consent Options

Services or people I do NOT want my information shared with:

## By signing below, you are also agreeing that:

- You understand the purpose of sharing your information.
- You understand the Privacy Collection Statement and QShelter's Privacy Policy.
- You agree to the collection, use, and sharing of your personal information as explained.

I agree to my anonymous data being used in case studies for research and reporting.

**Client Name:**

**Client Name:**

**Signed:**

**Signed:**

**Date:**

**Date:**

*\*\*All adults who are to be discussed as part of the referral, will need to have provided consent and completed the consent form.*

- For referring agencies that have completed the AHVTT, please attach and DO NOT complete the following pages.
- For ALL other referring agencies, please complete the following referring information pages.

## Referral Information

Referral date: \_\_\_\_\_ Referring Service: \_\_\_\_\_

Referring Worker: \_\_\_\_\_ Referral location: \_\_\_\_\_

Contact (Email): \_\_\_\_\_

Contact (Phone): \_\_\_\_\_

Service Integration Group referred to: \_\_\_\_\_

Please send the completed Client Information, Consent and Referral form to your local **Service Integration Facilitator**:  
 Their [contact details are available here on The Deck](#).

## Client details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender identity: \_\_\_\_\_

Household type: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Number of adults: \_\_\_\_\_ Client contact details: \_\_\_\_\_

Number of children: \_\_\_\_\_ Cultural background: \_\_\_\_\_

Number of dependents (18-24): \_\_\_\_\_ First language: \_\_\_\_\_

Children/ dependents details (*insert more in Overview if needed*)

Name	Gender identity	Date of Birth	Interpreter Required:	Yes	No
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Does any member of the household identify as LGBTQIA+? Yes No

Housing situation: \_\_\_\_\_

Has the client or any member of the household served in the Australian Defence Force? Yes No Unknown

Self-Care, Communication and Organisation: \_\_\_\_\_

Main source of household income: \_\_\_\_\_

Does the household have a housing application: \_\_\_\_\_

**Has support been requested or identified for any member of the household during assessment for the following areas?** *(all fields must be completed)*

Physical Health	
Mental Health	
Financial Difficulties	
Legal	
Disability	
Decision Capability (Formal guardianship or trustee)	
Problematic gambling	
Problematic Alcohol and/or drug use	
Domestic and Family Violence	
Sexual Violence	
Hoarding and Squalor	
Employment and Training difficulties	
Lack of family and/or community support	
Discrimination (Including institutional, racial, social, disability, sexual discrimination)	
Current involvement from Child Safety	
Transition from custodial arrangements	
Transition out of foster care or child safety	

*Please provide more information around any identified needs on the next page.*

## Overview

Current location:

If you have identified needs on the previous page, provide more information here to inform the assessment:

Background - has anything significant led to current situation, what has been already tried, are there any barriers being experienced, housing history:

Goals - what does the household want to achieve with the referral to the CQHHII SIG:

Identified strengths:

Any identified risks:

Current support agencies:

Any other information: