

Client Information, Consent and Referral Form Sunshine Coast Service Integration Group (SCSIG)

A Service Integration Group consists of multiple agencies – community and government – who work together on the Sunshine Coast & Gympie regions. Group members can include Housing Service Centres administered by the Department of Housing, and Community Housing Providers in the region.

This Group provides cooperative support for people who are currently experiencing homelessness, who are at risk of experiencing homelessness, or for people who are having difficulty maintaining their tenancies.

The Group will meet monthly 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 participation in community
- Employment and education

The group is committed to treating you as an individual and putting people first (person-centred), giving you a say in how you are supported (client-informed), and providing a culturally safe environment for all. Your **Referring Worker** is your primary contact to have your say about the services available to you.

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 (see consent option on the next page).

The Group will only discuss and share your information with your consent, which you can grant by completing the form on the following page. If you do not agree, it will not affect the services you are already receiving, however you would not benefit from additional support services that the Group may be able to offer.

Before you agree to your information being shared, please note:

- You can give this information sheet and consent form to a support person to assist you with your choice.
- We will only share your information within the Group to allow us to better provide 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. This can include sharing your information with another Group in Queensland or other support services if you move from the Sunshine Coast.
- You can change your mind about sharing your information at any time and withdraw your consent by speaking with your referring worker.
- Your information will be managed by the Service Integration Facilitator and held in a password protected Client Management System provided and overseen by the Department of Housing.
- The Group will manage your personal information in accordance with all relevant privacy laws.
- All Group Members recognise the importance of your privacy and community expectations regarding the collection, use, disclosure and security of personal (including sensitive) information that may be collected during the course of providing services to you. Should you have any concerns about the management of your personal information, you should contact your Referring Worker in the first instance.
- You can request access to your personal information that is shared at any time through your Referring Worker.

I agree to have my details shared with members of the Service Integration Group and associated service providers.

I specifically consent for my information to be shared with:

☐ QLD Mental Health Services

OPTIONAL: I do not want my information shared with the following services or individuals:

I have discussed this *Client Information, Consent and Referral form* with my support persons and have made them aware that their personal information may also be shared among the Group. Yes No

Name:

OR (for use by Referring Worker)

Signed:

Verbal consent provided by Client

Time:

Date:

Date:

I understand that my de-identified information will be used for research, reporting and evaluation purposes. I consent to my anonymous data being used in case studies as part of this requirement.

I consent to being contacted after I have been supported by the Service Integration Group as part of the ongoing evaluation of the Service Integration Initiative.

By Name List and the AHVTT

The By Name List is a list of people who have been experiencing chronic homelessness in the Sunshine Coast and surrounding areas. 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.

Do you consent to your name being placed on the By Name List?

PLEASE TICK: Yes No

The Australian Homelessness Vulnerability Triage Tool (AHVTT)

The AHVTT is a short, voluntary survey that helps Sunshine Coast Zero, and partnered organisations, better understand the situation of, and work alongside, individuals and families who are experiencing homelessness. The tool, based on people's disclosed information, assists in prioritising the most vulnerable and to rapidly resolve crises. The questions cover various topics, which can be skipped by the person undertaking the survey if they wish to do so. Topic areas include:

- Identity
- Housing history
- Social and daily needs
- Wellbeing and safety

- Health and wellness

Do you consent to undertaking an assessment through the AHVTT and your name being placed on the By Name List?

If yes, Sunshine Coast Zero will contact you to obtain more information.

PLEASE TICK: Yes No

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:

All adults who are to be discussed as part of the referral, will need to have provided consent.
 Please reach out to your Service Integration Facilitator if this is an issue.

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: _____

Identified Needs:

Do any of the household members require support 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 Service Integration Group:

Overview Contd:

Identified strengths:

Any identified risks:

Current support agencies:

Any other information: