

## Client Information, Consent and Referral Form

### Wide Bay Burnett

#### What is a Service Integration Group?

A Service Integration Group (Group) is a team of different agencies (community and government) that work together in your area. There are many Groups across Queensland, but only the Group in your region (Your Group) will help you. Members of Your Group can include Housing Service Centres, Community Housing Providers, and other agencies. Q Shelter helps to organise and support each Group, including Your Group.

#### How Can the Group Help You?

Your Group 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.

#### Who Is in Your Group?

The Group members can include services that help with:

- Housing and rental support
- Health needs, including mental health and disability services
- Alcohol and drug treatment
- Aged care
- Cultural needs
- Family support and welfare
- Legal help
- Community participation
- Employment and education

#### What Does Your Group Value?

Your Group cares about you as an individual. They will:

- Listen to your needs and involve you in decisions (client-informed) through the Referring or Lead Worker who will represent this at the meetings.
- Create a safe environment for everyone, including First Nations peoples, people from different cultural backgrounds, people who identify as LGBTQIA+, people with disability and others from diverse communities.

#### Sharing Your Information

To help you, members of Your Group need to share information about you with each other. Occasionally we need to share with agencies who are not a part of the Group. 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 Your Group 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 Your Group 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, Your Group 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 Your Group.
- Your information will mostly stay within Your Group, but if it's in your best interest, it might be shared with other 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.
- Your Group 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.

## Consent Options

- Services or people I do NOT want my information shared with:
- I agree to my anonymous data being used in case studies for research and reporting.

**By signing below, you confirm 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.

*Additional Adult Consent if applicable*

*Client name:*

*Client name:*

*Signed:*

*Signed:*

Date:

Date:

**Consent gained by:**

*Worker name:*

Signed:

*Agency:*

Date:

*Contact details:*

## 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*)

| <b>Name</b> | <b>Gender identity</b> | <b>Date of Birth</b> | Interpreter Required: | Yes | No |
|-------------|------------------------|----------------------|-----------------------|-----|----|
|-------------|------------------------|----------------------|-----------------------|-----|----|

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: