

Moreton Bay Service Integration Groups Client Information, Consent and Referral Form

A Service Integration Group (**Group**) consists of multiple agencies – community and government – who work together in the Moreton Bay region. Group members can include Housing Service Centres administered by the Department of Housing and Public Works, 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 Moreton Bay SIGs 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 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 provide by completing the consent section on the following page.

If you do not consent 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 consent 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 Moreton Bay.
- You can change your mind about sharing your information at any time.
- Your information will be managed by the Service Integration Facilitator and held in a password protected Client Management System (CMS) provided and overseen by the Department of Housing and Public Works.
- 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 consent to have my details shared with members of the Service Integration Group and associated service providers.

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

- ☐ **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.**

Name:

Date:

Signed:

OR (for use by Referring Worker)

Verbal consent provided by Client:

Time:

Date:

Please tick:

Phone

SMS

Email

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 completed a consent form.

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 Service Integration Group:

Identified strengths:

Any identified risks:

Current support agencies:

Any other information: