High Needs Panel: Review

Together Home

High Needs Support Package

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| **SUBJECT:** | Choose an item. |
| **DATE:** | Click or tap to enter a date. |
| **DATE OF PREVIOUS PANEL MEETING/S** | Click or tap to enter a date. |

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| **INDIVIDUAL NAME** |  | **INDIVIDUAL ID** |  | **DOB** | Click or tap to enter a date. |
| **Community Housing Provider** |  | **DISTRICT** | Choose an item. | | |
| **Name** |  | **Contact** |  | | |

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| **FUNDING APPROVED TO DATE**  **Please enter date for where either support has commenced and/or been completed. If the service has not yet commenced, please provide a reason why not.** | | | | | |
|  | **SERVICE ITEM** | **DATE APPROVED** | **DATE COMMENCED** | **REASON WHY NOT COMMENCED** | **TOTAL APPROVED COST** |
| 1. |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
| 2. |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
| 3. |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
| 4. |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
| 5. |  | Click or tap to enter a date. | Click or tap to enter a date. |  |  |
| **TOTAL FUNDING APPROVED TO DATE (Excl GST)** | | | | |  |

**Current Package**

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| **HOW WELL HAS THE CURRENT PACKAGE MET THE INDVIDUALS NEEDS?**  **Provide information as to how the HNP funding approved to date has affected the individual’s progress, and/or details on any issues or challenges that have affected the delivery of the services funded to date.** |
| **Summary** |

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| **DO YOU REQUIRE ADDITIONAL FUNDING TO SUPORT THE INDIVIDUAL?**  **Provide information on the additional needs identified and how these will be addressed with additional funding.**  **NB: Additional funding is dependent on the total package amount available per individual, and/or the availability of resources** | YES | NO |
| Reason | | |
| **UPDATED BUDGET TEMPLATE ATTACHED?**  **Attach an updated budget if requesting additional funding** | YES | NO |

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| **DO YOU REQUIRE THE PACKAGE TO BE CLOSED?**  **NB: DCJ is responsible for the contract management of High Needs Packages. Where an underspend exists, the CHP is responsible for negotiating any retention/re-direction of funding with DCJ.** | YES | NO |
| Reason | | |

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| **APPLICATIONS FOR OTHER FUNDING STREAMS FOR LONG TERM SUPPORT**  **Provide information regarding other relevant funding streams for long term support that have been investigated and/or pursued, including barriers or challenges to securing the funding.** | | | |
| **FUNDING STREAM** | **APPLICATION SUBMITTED** | **APPLICATION SUCCESSFUL** | **BARRIERS TO APPLICATIONS**  **(specify below)** |
| NDIS | YES  NO N/A | YES  NO N/A | YES  NO N/A |
| HASI | YES  NO N/A | YES  NO N/A | YES  NO N/A |
| DSP | YES  NO N/A | YES  NO N/A | YES  NO N/A |
| AGED CARE | YES  NO N/A | YES  NO N/A | YES  NO N/A |
| OTHER (specify) | YES  NO N/A | YES  NO N/A | YES  NO N/A |
| **Reason** | | | |

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High Needs Panel

Budget Template

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| --- | --- | --- | --- |
| Individual Name |  | Individual ID |  |
| D.O.B | Click or tap to enter a date. | Date Referred | Click or tap to enter a date. |
| Referring Agency |  | District | Choose an item. |

Current support package

Include existing support under Together Home and other support systems, as well as any existing HNP funding in the case of reviews.

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| **Need** | **Intervention** | **Frequency** | **Service Provider** | **Fees per encounter/service** |
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Additional package requirements

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| **Need** | **Outcome criteria** | **Intervention** | **Frequency** | **Service Provider** | **Fees per encounter/service** | **Duration of service provision** | **Total** |
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| **TOTAL** | | | | | | |  |

Long term plan – transition to mainstream service provision

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| **Goal** | **Action** | **Stage (by when)** |
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