|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please return to: [highneedspackage@homelessnessnsw.org.au](mailto:highneedspackage@homelessnessnsw.org.au)  *This form is to be used when a person is being referred for a full High Need Package (HNP) or One-Off-Funding Grant (OOFG) for the first time.* | | | | | | | | | | |
| **Section 1** | **Referring Agency** | | | **Section 2** | **Individual** | | | | | |
| **Organisation** | Support Provider | | | **Full name** |  | | | | | |
| **Person making referral** |  | | | **District** | District | | | | | |
| **Job title** |  | | | **D.O.B.** |  | | **THCI Number** | |  | |
| **Email** |  | | | **TH Start Date** |  | | **TH Tranche** | |  | |
| **Telephone** |  | | | **VI-SPDAT Score** |  | | **VI-SPDAT Date** | |  | |
| **Section 3** | **Community Housing Provider** | | | As a general guide, the HN panel would expect an individual to have a VI-SPDAT score of 15 or above to be eligible for High Needs funding, as this generally indicates high and complex needs. If the individual’s score is **unavailable** or **less than 15**, please briefly explain why the VI-SPDAT was not completed and/or why the score provided is not a true reflection? | | | | | | |
| **Organisation** | Housing Provider | **Date of HN referral** | Enter a date |
| **Person creating invoice** |  | | |
| **Job title** |  | | | Response | | | | | | **N/A** |
| **Email** |  | | |
| **Section 4** | **Consent for information sharing with the High Needs panel** | | | | | | | | | |
| The aim of High Needs funding is to promote personal recovery and social inclusion, and seeks to enable people to bridge the gaps that currently exist for them in accessing the informal, mainstream and specialist supports they may require to achieve their goals. I understand the information recorded on this form and agree to this being shared with the High Needs panel to provide services to me. The HN panel representatives are selected due to relevant and varied expertise to support outcomes; inclusive of First Nations, NSW Health, NDIA and disability services, DCJ and housing services, homelessness and trauma lived expertise. The panel adheres to privacy and confidentiality requirements relating to personal and health information, and referral information is stored securely by Homelessness NSW. This information is used to review my eligibility for HN funding, guide advocacy & sector improvement in a deidentified manner, and in service escalation if deemed necessary. *It is always used with the intention of supporting improved outcomes for you.*  I agree to share my information with the High Needs panel for the purposes outlined above. | | | | | | **Individual’s Name** | | **Signature** | | |
| **Date of consent for HN referral** Enter a date. | | | | |
| **Verbal consent** **Yes  No**  **Audio consent attached** **Yes  No** | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5** | **Demographic details relevant to referral** | | | | | | | | |
| **Please briefly describe this person, focusing on their strengths and qualities:** | | | | | | | | | |
|  | | | | | | | | | |
| **Does this individual identify as:** | | | | **History of engagement with homelessness services, prior to Together Home** | | | | | |
| Aboriginal and/or Torres Strait Islander | | | Yes  No | Up to 6 months | | 6 months to 2 years | | 2 years to 10 years | 10+ years |
| Aboriginal and/or Torres Strait Islander + 45 years and over | | | Yes  No |
| LGBTQIA+ | | | Yes  No | **Current living situation** | | | | | |
| Female | | | Yes  No | Street sleeping | | Temporary Accommodation | | Housed | Overcrowded Housing |
| 24 years and under | | | Yes  No |
| 55 years and over | | | Yes  No | Other  *(please detail)* |  | | | | |
| Culturally and Linguistically Diverse (CALD) background | | | Yes  No |
| **Section 6** | **Transition plan and long-term goals** | | | | | | | | |
| Please detail the long-term plans and goals for this person as they journey through and beyond the support provided within Together Home. (The panel acknowledge that not all people in Together Home will have come to a place yet where they identify and communicate their long-term goals.) | | | | | | | | | |
|
| **Goals** | | **Actions** | | | | | **Time Frame** | | |
|  | |  | | | | |  | | |
|  | |  | | | | |  | | |
|  | |  | | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 7** | | **High Needs funding request** | | | | |
| Please create a budget outline below for the items you wish to be considered for High Needs funding. | | | | | | |
| **Intervention** | **Frequency** | | **Service Provider** | **Fees per encounter / service** | **Duration / taper schedule of service** | **Total cost** |
| 1. |  | |  |  |  |  |
| 2. |  | |  |  |  |  |
| 3. |  | |  |  |  |  |
| 4. |  | |  |  |  |  |
| **TOTAL** | | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 8** | **Linking High Needs funding request to transition plan and goals** | | |
| Please explain how the request in Section 7 aligns with the long-term goals and/or current support needs that necessitated this referral. Please describe actions that have already been taken or considered before High Needs funding, to support the panel to understand the need for this request. | | | |
| **Why have you selected this intervention / service provider?** | | **Goal / Support Need** | **Actions considered and /or currently being taken to achieve this goal** |
| 1. | |  |  |
| 2. | |  |  |
| 3. | |  |  |
| 4. | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 9** | **Current supports in place** | | | |
| Please detail all current services and community supports who are working alongside this person. These may be through Together Home, as well as the interpersonal, community, mainstream or specialist services they may currently engage with. | | | | |
| **Need** | | **Intervention** | **Support Provider** | **Frequency** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 10** | **Service barriers and unmet support needs** | | |
| Please detail the person’s history in accessing and engaging with services below, with particular attention to the barriers (individual, geographic, systemic etc) which previously or currently impact this person. This is to show the measures previously taken to access services, and the challenges that have necessitated a HN referral. | | | |
| **NDIS**  Current  Previous |  | **Drug & Alcohol**  Current  Previous |  |
| **Mental Health**  Current  Previous |  | **Cultural, Community**  Current  Previous |  |
| **HASI**  Current  Previous |  | **Centrelink, Finance**  Current  Previous |  |
| **GP, Medicare**  Current  Previous |  | **DFV, Legal**  Current  Previous |  |
| **Tenancy, Housing**  Current  Previous |  | **Aged Care**  Current  Previous |  |
| Other Services | | | |