

# Humanitarian Settlement Program

DSS 23.10.2017

## Specialised and Intensive Services

The Department of Social Services' (DSS) Humanitarian Settlement Program (HSP) will provide specialised and intensive services for humanitarian entrants with exceptional needs. Use this referral form if you or someone you know is particularly vulnerable and in need of additional settlement support through SIS.

### Who is eligible for SIS?

People holding the following visas are eligible for SIS:

- Refugee
- Special Humanitarian Program
- Permanent Protection
- Temporary Protection.

Holders of other permanent visas may be eligible in exceptional circumstances. Clients are eligible for SIS up to five years after arrival in Australia. This time frame may be extended in exceptional circumstances.

Those eligible for SIS usually have several intense or critical needs that require support from multiple services. These might include:

- disability
- mental health, emotional wellbeing issues
- physical health issues
- accommodation
- domestic or family violence.

SIS provides additional and complementary support to clients who may already be receiving services through the Humanitarian Settlement Program, Settlement grants and the Adult Migrant English Programs (AMEP).

Further information on [Settlement and Multicultural programs](#) is available from the Department's website. [AMEP](#) is administered by the Department of Education and Training. Further information is available from their website.

### Who can make a referral to SIS?

Anyone can refer a person to SIS, including the person requiring the services. If you are unsure whether a person is eligible for SIS, or if you need help completing this form, please call **1300 855 669**

### What happens after the referral is submitted?

DSS will assess the eligibility of the person referred. If the person is eligible for SIS, DSS will engage a service provider to assist with linking them to the required services.

# Referral for Specialised and Intensive Services (SIS)

## Consent

Consent from the person/s listed on this form is required for referrals to be assessed by DSS. All reasonable steps must be taken to ensure all people listed on this form understand and consent to:

- the provision of specialised and intensive services to the person(s).
- information in the referral form being provided to DSS to assess their eligibility for SIS.
- being referred to SIS or the Department of Immigration and Border protection's Unaccompanied Humanitarian Minors Program (UHMP), where appropriate.
- DSS, its service providers and other agencies using and disclosing the person's personal information where that use or disclosure is directly relevant to the provision of SIS or the Department of Immigration and Border Protection's UHM program.

DSS will only collect, use or disclose personal information for a lawful purpose directly related to the provision of SIS services and for the future evaluation of the SIS. Personal information collected on this form will be disclosed to a contracted service provider engaged by DSS to deliver SIS.

The Department will take reasonable steps to ensure that personal information provided in a referral to SIS is disclosed to a SIS service provider in accordance with the *Privacy Act 1988*.

## How to submit this form

Please send the completed form to DSS by email, fax or post (email is preferred).

Email [SIS@dss.gov.au](mailto:SIS@dss.gov.au)

Fax (02) 6133 8353

Post At: Specialised and Intensive Services  
GPO Box 9820

MELBOURNE VIC 3001

The Australian Government accepts no responsibility for the security or integrity of any information sent to DSS over the internet or by other electronic means.

If you are assisting someone to complete this form, please ensure the individual in question (and any family members included on the form) is aware of this information page and is given a copy of this for their records along with the completed form.

# Details of referring organisation or individual

Referring Organisation (if relevant) \_\_\_\_\_ Date \_\_\_\_\_

Contact name or name of person referring \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Consent

**Important:** You (the referrer) must obtain the person's consent and their signature below before submitting this form to DSS. If you are unable to obtain the person's signature, you must obtain their verbal consent and indicate this below.

Consent from the person/s listed on this form is required for referrals to be assessed by DSS. All reasonable steps must be taken to ensure all people listed on this form understand and consent to:

- the provision of specialised and intensive services to the person(s)
- information in the referral form being provided to DSS to assess their eligibility for specialised and intensive services
- being referred to the Humanitarian Settlement program or the Department of Immigration and Border Protection's Unaccompanied Humanitarian Minors Program (UHMP), where appropriate
- DSS, its service providers, the Department of Immigration and Border Protection and other relevant Commonwealth agencies using and disclosing the person's personal information where that use or disclosure is directly relevant to the provision of specialised and intensive or the Department of Immigration and Border Protection's UHMP.

DSS will only collect, use or disclose personal information for a lawful purpose directly related to the provision of specialised and intensive services and the Department of Immigration and Border Protection's UHMP services and for the future evaluation of the Humanitarian Settlement Program. Personal information collected on this form will be disclosed to a contracted service provider engaged by DSS to deliver specialised and intensive services.

The Department will take reasonable steps to ensure that personal information provided in a referral to specialised and intensive services is disclosed to a contracted service provider in accordance with the Privacy Act 1988. The Department's privacy policy is available on the DSS website. The privacy policy explains how a person can make a privacy complaint to DSS or seek access to or correction of personal information held by DSS.

### I declare that:

1. I (the referrer) have fully explained to all person/s or parent/guardian the purpose of collecting their (and any child's information mentioned in the referral) personal information, how it will be used and to whom it may be disclosed
2. all person/s or parent/guardian have/has acknowledged they understand this purpose, use and disclosure
3. all person/s or parent/guardian agree/s to the collection of their personal information for this purpose, use and disclosure

**Signature or mark of primary person or parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Other adults listed on this form can also give consent by signing this section (optional).

**Signature or mark of person mentioned on this form** \_\_\_\_\_ **Date** \_\_\_\_\_

**OR**

If you could not obtain the person's signature above, ensure you obtain verbal consent, and take all reasonable steps to ensure:

**Signature of referrer** \_\_\_\_\_ **Date** \_\_\_\_\_



## Issues impacting the person/s

Please provide information based on the issues impacting the person/s in the table below. Please ensure you provide information that is specific to each person you are referring for Specialised and Intensive Services.

Issues	Summary of issue
Housing, including: <ul style="list-style-type: none"> <li>• engagement and coordination with housing services</li> <li>• crisis accommodation</li> </ul>	
Physical and Mental Health Wellbeing, including: <ul style="list-style-type: none"> <li>• engagement and coordination with health services</li> <li>• disability</li> </ul>	
Managing Money	
Community Participation and Networking, including: <ul style="list-style-type: none"> <li>• engagement with local community groups and programs.</li> </ul>	
Family Functioning and Social Support, including: <ul style="list-style-type: none"> <li>• parenting, education and support services</li> <li>• child and youth welfare concerns, for example abuse and neglect</li> <li>• domestic and family violence support</li> <li>• aging related issues</li> </ul>	
Justice, including: <ul style="list-style-type: none"> <li>• legal rights and responsibilities</li> </ul>	
Language Services:	
Education and Training:	
Employment:	
Other (specify):	
Other (specify):	

**Additional information (if required):**