



Important – Please read this information carefully before you complete this referral. Once you have completed the referral we strongly advise that you keep a copy for your records.

The Complex Case Support Program

The Department of Immigration and Citizenship (the department) has established the Complex Case Support (CCS) program as a specialised and intensive case management service to support humanitarian entrants who have specialised or complex needs.

Note: The support provided through CCS extends beyond that provided under the department’s other settlement programs. There is a range of existing services geared to addressing the on-arrival and longer-term needs of humanitarian entrants such as the Humanitarian Settlement Services (HSS) Program, Settlement Grants Program (SGP), and the Adult Migrant English Program (AMEP). CCS will provide additional and complementary support to humanitarian entrants but will not duplicate services that adequately meet the identified needs of clients. Further information on settlement and multicultural programs is available from the department’s website www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/

Referral to Complex Case Support

Referral to the CCS program can be made by any organisation or person, for example:

- service providers funded by the department;
- Commonwealth, state or territory government agencies;
- community and health organisations;
- local church and community groups;
- volunteer groups; and
- self-referral.

Use this referral form if you or someone you know is particularly vulnerable and in need of additional support through CCS. Please contact the CCS enquiry line if you need help to submit this referral form.

Eligibility

The main client groups of CCS are:

- refugee entrants;
- Special Humanitarian Program entrants; and
- Protection visa holders.

Clients are eligible for services for up to 5 years after their arrival in Australia. Flexibility may be shown to this timeframe in exceptional circumstances.

Complex Case Support service providers

A panel of service providers has been established to deliver CCS to humanitarian entrants in need.

The department’s CCS contract managers will assess the eligibility of cases referred to the program and, depending on a client’s assessed level of need, engage the most appropriate service provider to deliver the required services.

Client consent

The department will only collect personal information for a lawful purpose directly related to a function or activity of the collector. To enable us to meet these obligations we ask that you obtain the client’s consent before referring them to CCS.

The department will take reasonable steps to ensure that personal information provided in a referral to CCS is disclosed to a CCS service provider in accordance with the Information Privacy Principles and the *Privacy Act 1988*.

If you wish to be informed about the outcome of the client’s referral to CCS, please obtain your client’s consent for you to be notified about the outcome.

Electronic communications

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

CCS enquiry line

Telephone number 1300 855 669

State e-mail contacts

Australian	
Capital Territory	ccs.act@immi.gov.au
New South Wales	ccs.nsw@immi.gov.au
Northern Territory	ccs.nt@immi.gov.au
Queensland	ccs.qld@immi.gov.au
South Australia	ccs.sa@immi.gov.au
Tasmania	ccs.tas@immi.gov.au
Victoria	ccs.vic@immi.gov.au
Western Australia	ccs.wa@immi.gov.au

<p><i>Home page</i></p> <p><i>General enquiry line</i></p>	<p>www.immi.gov.au</p> <p>Telephone 131 881 during business hours in Australia to speak to an operator (recorded information available outside these hours). If you are outside Australia, please contact your nearest Australian mission.</p>
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Please keep this information page for your reference

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Attention: Complex Case Support (CCS) contract manager

State/territory

Date / /

Tick where applicable

Details of referring organisation or individual

1 Name of organisation/individual making the referral

2 Address

 POSTCODE

3 Contact details
 Name
 Telephone number (AREA CODE)
 Fax number (AREA CODE)
 Mobile/cell
 E-mail address

4 Source of referral
 Community organisation HSS SGP Self referral
 Government agency Other Give details

Client consent

- 5** Has this referral been discussed with, and agreed to, by the client?
 No
 Yes
- 6** Is the primary client under 18 years of age?
 No ► Go to Question 8
 Yes
- 7** Has the referral been discussed and agreed to by their parent or legal guardian?
 No
 Yes
- 8** Is the client happy for you to be notified of the result of their assessment for CCS services?
 No ► Only the client will be notified of the result of their assessment
 Yes

Client's details

9 Primary client
 Family name
 Given names

10 Date of birth (if known) DAY MONTH YEAR / /

11 Sex Male Female

12 Country of birth

13 Religion

14 Client's contact details
 Address

 POSTCODE
 Telephone number (AREA CODE)
 Mobile/cell
 E-mail address

15 Alternative client contact *(if applicable)*

Family name

Given names

Telephone number

Relationship to client

16 Visa subclass of the primary client *(if known)*

200 201 202 203 204

866 Other Specify

17 Date of arrival *(if known)*

DAY MONTH YEAR
/ /

18 How well does the client speak English?

Very well Well
Not well Not at all

19 Is an interpreter required?

No

Yes Primary language

Alternative language

20 Family members requiring CCS services

Number of adults

Number of children

21 Is the primary client or any client in a family referral an Unaccompanied Humanitarian Minor?

Don't know

No

Yes

22 Has the client previously received CCS services either as a primary client or through a family intervention?

Don't know

No

Yes

23 Number the issues **currently** impacting on the client and their family in order of severity and risk to the client and family members.

The most severe risk should be numbered 1.

Please expand on these issues and risks in Questions 24 to 27.

Issue currently impacting	Number
Accommodation, homelessness	<input type="text"/>
Mental health, emotional well-being (eg. stress, anxiety)	<input type="text"/>
Physical health, disability	<input type="text"/>
Family and/or relationship breakdown	<input type="text"/>
Domestic or family violence	<input type="text"/>
Child welfare concerns (eg. abuse, neglect)	<input type="text"/>
Behavioural concerns (eg. risky, anti-social behaviour)	<input type="text"/>
Social isolation, lack of support networks	<input type="text"/>
Limited life skills or orientation to services	<input type="text"/>
Financial hardship	<input type="text"/>
Legal issues	<input type="text"/>
Substance abuse	<input type="text"/>
Employment difficulties	<input type="text"/>
Other <i>(please specify)</i>	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

24 Describe the reasons for referral, including the background and current circumstances of the client/family

25 What arrangements or services are currently in place for the client/family?
(eg. linked with hospital social worker, receiving Centrelink benefits)

26 What additional services or support does the client/family need?

27 What are the risks to the client/family if CCS services are not provided?

28 Provide details of the client's strengths and understanding of their situation

29 Please indicate whether the client/family has received, or is currently receiving, any of the following settlement services:

Settlement service	Dates <i>(if known)</i> DAY MONTH YEAR	Name and/or contact details of organisation and services delivered to date <i>(if known)</i>
Humanitarian Settlement Services (HSS) <input type="checkbox"/> ▶	FROM <input type="text" value="/ /"/> TO <input type="text" value="/ /"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Settlement Grants Program (SGP) <input type="checkbox"/> ▶	FROM <input type="text" value="/ /"/> TO <input type="text" value="/ /"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Adult Migrant English Program (AMEP) <input type="checkbox"/> ▶	FROM <input type="text" value="/ /"/> TO <input type="text" value="/ /"/>	<input type="text"/> <input type="text"/> <input type="text"/>