

## WMQ Form

# YHARS After Care Brokerage Application Form

Youth Housing and Reintegration Service (YHARS) After Care brokerage is available for young people aged 17-21 years old who are homeless or at risk of homelessness, and are leaving or have recently left the care of Child Safety. YHARS will undertake an assessment process to ensure that the young person meets the eligibility criteria. YHARS will make a decision about whether to accept the young person's application and provide confirmation to the referring agency within two business days. Please complete and send the YHARS After Care Application Form along with all supporting documentation to [yhars@wmq.org.au](mailto:yhars@wmq.org.au).

### Who can submit an application to the YHARS Program?

In accordance with the Guidelines for Service Delivery, a young person can be referred by the following services:

- Child Safety Officers
- Youth Justice Services
- Youth Detention Centres
- Government and Non-Government Organisations
- Applications may also be accepted for young people who are cared for under the Unaccompanied Humanitarian Minor (UHM) Program.

### With the consent of the young person, the following information will be required to process the Application. **Note: All boxes must apply**

- The young person is aged 17-21 years.
- The young person is transitioning or have transitioned to independence out of the care of child safety OR has been subject to a past or present Child Protection Order OR is cared for under the Unaccompanied Humanitarian Minor Program.
- The young person is homeless or at risk of homelessness (\*see definition below)
- All other options have been explored before an application is made to the YHARS After Care Program.
- A rationale for the goods or services requested is included below to support the application, including the outcome to be achieved through the use of the After Care Service brokerage.
- The young person has provided written or verbal consent for the After Care Application to occur.
- An itemized quote or invoice for the goods or services have been attached to the application.
- A Case Plan showing why this brokerage is required, including how it will assist to achieve the goals of the case plan has been attached to this application.
- Expenditure demonstrates value for money and is the best use of resources to meet case goals.
- To your knowledge, your client has not received a similar service from another agency.
- This purchase would withstand public scrutiny.

YHARS Guidelines can be found at:

<https://www.communities.qld.gov.au/resources/communityservices/youth/youth-housing-reintegration-service-guidelines.pdf>

### Definitions

**Homeless:** A person is considered to be *homeless* if their current living arrangement:

- Is in a dwelling that is inadequate; or
- Has no tenure, or if their initial tenure is short and not extendable; or
- Does not allow them to have control of, and access to space for social relations

**Reference:** Australian Bureau of Statistics (ABS)

**At Risk of Homelessness:** A person is **at risk of homelessness** if they are at risk of losing their accommodation due to risk factors such as;

- Transitions from custodial and care arrangements, including out-of-home care, independent living arrangements for children aged under 18, health and mental health facilities/programs, juvenile/youth justice and correctional facilities.
- Mental health issues and other health problems.
- Domestic/family violence.

<b>Date of Referral:</b> /     /		
<b>Referring Organisation Details</b>		
Name of person completing referral:		
Organisation:		
Address:		
Phone:	Mobile:	
Email:		
<b>Accommodation (Please mark all that apply)</b>		
<b>Has the young person been homeless in the last month?</b>	<b>YES</b>	<b>NOTES</b>
Sleeping rough or in non-conventional accommodation	<input type="checkbox"/>	
Short-term or emergency accommodation due to lack of other options	<input type="checkbox"/>	
Medium/long- term boarding house accommodation	<input type="checkbox"/>	
In Detention/ Custody	<input type="checkbox"/>	
<b>Has the young person been homeless in the last year?</b>		
Sleeping rough or in non-conventional accommodation	<input type="checkbox"/>	
Short- term or emergency accommodation due to lack of other options	<input type="checkbox"/>	
Medium/long- term boarding house accommodation	<input type="checkbox"/>	
In detention/ Custody	<input type="checkbox"/>	
<b>Is the young person at imminent risk of homelessness?</b>		
At imminent Risk of homelessness	<input type="checkbox"/>	
In temporary custodial and care arrangements	<input type="checkbox"/>	i.e. Resi care, foster care, detention, SILS.
<b>Brokerage Application</b>		
<b>Total YHARS Aftercare support amount being sought in this application:</b> \$ _____		
The young person has access to \$3,850 including GST (\$3,500 plus GST) per year until they turn 22 years of age. The funds will be renewed on a yearly basis eg. If they use \$3,850 in July 2018, \$3,850 will become available in July 2019.		
<b>Please tick good and/or services being sought in this application:</b>		
<input type="checkbox"/> Utility Bills or rent arrears		
<input type="checkbox"/> Bond and/or rent guarantee		
<input type="checkbox"/> Material aid (food, white goods, cutlery, crockery, furnishing or medication and hygiene consumables)		
<input type="checkbox"/> Driving lessons (up to 100 hours equivalent)		
<input type="checkbox"/> Employment related costs (licences e.g. forklift ticket)		
<input type="checkbox"/> Enrolment or course fees at an educational or training institute		
<input type="checkbox"/> Occasional child care payment		
<input type="checkbox"/> Travel costs for client to access specialised support or affordable housing		
<input type="checkbox"/> Removalist costs		
<input type="checkbox"/> Essential documents (birth certificate)		
<input type="checkbox"/> Specialist service (psychological, psychiatric or other mental health services, family medication, therapy or counselling, medical and dental services)		
<input type="checkbox"/> Vehicle contribution		
<b>Please provide a rationale to support the Young Person's Application for Brokerage:</b>		

Client Details	
Given name:	<b>Cultural Affiliation:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Pacific Islander background <input type="checkbox"/> Refugee or newly arrived immigrant <input type="checkbox"/> None of the above
Middle name:	
Surname:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of Birth:     /     /     Age:     Year estimated <input type="checkbox"/>	
Country Of Birth:	First language spoken at home:
Phone Number:	<b>Speaks English:</b> <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all
Address:	
<b>Tenure type:</b> i.e. transitional housing, private, community housing, emergency <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Rent Free <input type="checkbox"/> No tenure i.e. foster/ resi care	
<b>Living with:</b> i.e. lone person, children, parents, foster family, unrelated persons	
<b>Parent/Pregnancy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Dependents living with client:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Information	
<b>Is the Young Person currently receiving Centrelink benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of payment:</b> i.e. youth allowance, newstart allowance <b>Amount Per fortnight:</b> \$
Employment Information	
<b>Is the Young Person currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of employment:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <b>Pay per week:</b> \$
<b>Is the Young person looking for work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education/Training Information	
<b>Is the Young Person currently engaged in Education or Training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of Education/Training</b> <input type="checkbox"/> School <input type="checkbox"/> TAFE <input type="checkbox"/> University <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Other <b>Level of attendance at Education/Training facility</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
TFC, TILA or other Government Funding	
<b>Has the young person accessed Transition From Care funding (TFC) from the Department of Communities, Child Safety and Disability Services, Transition to Independent Living Allowance (TILA), Aftercare Next Step Funds or any other Government Funding?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please specify in the details section below)	
<b>Details:</b>	
Department of Communities, Child Safety and Disability Services Information	
<b>Details of the Department of Communities, Child Safety and Disability Services your client was last case managed by:</b> NB: If you are the <i>current CSO</i> and you are completing the Application, please tick As Above <input type="checkbox"/>	
<b>Child Safety Service Centre (CSSC):</b>	<b>CSO Phone:</b>
<b>CSO Name:</b>	<b>CSO Email:</b>
<b>Details (i.e. type of Child Protection Order and expiry date or exited date):</b>	
<b>To your knowledge is there a current Transition From Care plan in place?</b> <input type="checkbox"/> Yes <i>If yes, please attach</i> <input type="checkbox"/> No	
<b>Does your client give consent for the YHARS team to contact Child Safety or other relevant agencies for verification?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unaccompanied Humanitarian Minors Program and Immigration Information	
<b>Visa Type:</b>	<b>Date Visa Granted:</b>
<b>UHM Agency Name:</b>	<b>UHM Case Worker Name:</b>
<b>UHM Case Worker Phone:</b>	<b>UHM Case Worker Email:</b>
<b>Does your client give consent for the YHARS team to contact UHM Contracts &amp; Policies or other relevant agencies for verification?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following information will allow the YHARS After Care Program to accurately assess process and record the Young Person's application:

<b>Reasons for seeking assistance (Please mark all that apply)</b>		
<b>Interpersonal relationships</b>	<b>YES</b>	
Time out from family/other situation	<input type="checkbox"/>	
Conflict with parents/guardians	<input type="checkbox"/>	
Conflict with other household members	<input type="checkbox"/>	
Relationship/family breakdown	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	
Domestic and family violence or threats of violence	<input type="checkbox"/>	
Non-family violence or threats of violence	<input type="checkbox"/>	
Child abuse neglect or environments where children are at risk	<input type="checkbox"/>	
<b>Financial</b>	<b>YES</b>	
Problematic gambling	<input type="checkbox"/>	
Housing affordability stress	<input type="checkbox"/>	
Financial stress	<input type="checkbox"/>	
<b>Accommodation</b>	<b>YES</b>	
Housing crises	<input type="checkbox"/>	
Inadequate or inappropriate dwelling	<input type="checkbox"/>	
Previous accommodation ended	<input type="checkbox"/>	
Unable to return home due to environmental reasons	<input type="checkbox"/>	
<b>Employment/Education</b>	<b>YES</b>	
Employment difficulties	<input type="checkbox"/>	
Unemployment	<input type="checkbox"/>	
Disengaging from school/training	<input type="checkbox"/>	
<b>Health</b>	<b>YES</b>	
Mental Health issues	<input type="checkbox"/>	
Medical issues	<input type="checkbox"/>	
Problematic drug use or substance use	<input type="checkbox"/>	
Problematic alcohol use	<input type="checkbox"/>	
<b>Other</b>	<b>YES</b>	
Transition from youth detention	<input type="checkbox"/>	
Transition from care	<input type="checkbox"/>	
Itinerant	<input type="checkbox"/>	
Discrimination (including racial discrimination)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

## Payment

Brokerage should be paid directly by the referring agency on behalf of the young person for the goods or services. Direct cash payments to young people are not permitted. An email of confirmation must be provided as soon as the young person receives the goods or services.

The brokerage funds provided to you for the purchase of goods or services is grant funding and not classified as reimbursements. To meet Wesley Mission Queensland obligation to the Australian Tax Office this means that ALL items MUST have GST added to the GST EXCLUSIVE amount of the purchase. Invoices that do not meet this requirement will not be paid.

Once the application has been approved via email the referring agency must invoice Wesley Mission Queensland within 30 days. Please send all invoices to [yhars@wmq.org.au](mailto:yhars@wmq.org.au). Once a VALID TAX INVOICE has been received payment will be made within 30 days.

A Tax Invoice should be addressed to Wesley Mission Queensland, YHARS, 11a Southampton Road, Ellen Grove, QLD, 4078 and include:

- The referring agencies ABN
- Bank account details
- All approved funds must include GST
- Contact details (for remittance)
- Client Name Referenced
- Reference Number or Invoice Number

For **Child Safety Officers** working within a CSSC, YHARS can accept a Tax Invoice from the service/supplier of goods for payment on behalf of the young person. This is *only where invoicing YHARS directly is not possible*  
**Note:** please allow additional processing time.

## Referring Agency

I declare that the information provided in this form, including all supporting documents, is correct to the best of my knowledge. I acknowledge and accept the requirements relating to invoices for funding received.

Signature:

Date:     /     /