Fair Foundations

F-126 Referral Form- Emergency Relief Service

For use internally as well as by government and non-government agencies, community service organisations and other services to refer to Fair Foundations for Emergency Relief Funds.

A. Client Details

PLEASE WRITE IN CAPITAL LETTERS

First Name:	**Last Name:**
Gender:	**Date of Birth:**
Mobile:	**Email:**
Address:	**Residency Status:** Please Select Other:

What country were you born in?

How long have you lived in Australia?

What is the main language spoken at home?

Do you require an interpreter? ☐ **No** ☐ **Yes:**

Are you or anyone in your household Aboriginal or Torres Strait Islander? Please Select

Living Arrangements: Please Select

Other:

No. of Children: **Next Pay Date:** / /

Main reason for assistance:

Please provide a detailed description of why assistance is being sought

Mandatory Supporting Documents:

1. Photo ID – Drivers Licence / Proof of Age / Passport / Other:
2. Bank Statement (account where Centrelink/wages are deposited) – Last 30 days OR Centrelink Statement

☐ I confirm I have attached both documents

Please note: These documents will not be stored, staff will sight these to verify eligibility & return them

B. Additional Assistance

Please select all applicable:	
☐ Financial Literacy	☐ Mental Health
☐ Debt Relief Support	☐ Gambling
☐ Employment Support	☐ Alcohol & Other Drugs
☐ Parenting Advice & Support	☐ Domestic and Family Violence
☐ Childcare	☐ Homelessness
☐ Food	☐ Legal/Work Development Order
☐ Other:	

C. Consent

The information that you provide on this form includes personal information. The personal information is protected by law, including the Privacy Act 1988. The information collected on this form is used primarily for Fair Foundations purposes.

As part of the services provided by Fair Foundations, we need to collect information to assist the Australian Government Department of Social Services to conduct performance reporting and research relating to the services we provide from this organisation. To assist this process, Fair Foundations will enter all personal information onto the DSS Data Exchange web-based portal which is administered by the Department of Social Services. The Department of Social Services will not use personal information in an identifiable form when conducting its research and evaluation, except the client has agreed, or it is required by law.

You can find more information about the way the Department of Social Services will manage personal information, including information about accessing and correcting personal information held on the DSS Data Exchange and making privacy complaints at the DSS website. For information about how Fair Foundations manages personal information, please contact us on the below contact information.

Privacy Statement: Fair Foundations collects personal information to assess the applicant's suitability to receive a service from Fair Foundations or an alternative service Provider. The information may be provided to other NSW agencies, Australian Government agencies, Non-Government organisations and other community service organisations for the purpose of assessment and providing services. Personal information will be managed in accordance with the Australian Privacy Principles which regulate the handling of personal information by Australian government agencies and some private sector organisations, the Privacy Act (Cth) 1988 and the Privacy and Personal Information Protect Act (NSW) 1998.

☐ I _____ consent to the above

Signature: _____ Date: ____/____/____

Once completed please send this form to ER@fairfoundations.org.au
If you would like to have a confidential discussion regarding your referral please contact the

Emergency Relief Coordinator on 02 9727 4333 or ER@fairfoundations.org.au

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To be completed by the staff member taking the referral:	
All questions have been answered: Yes / No	**Mandatory Documents Sighted:** Yes / No
Eligibility Requirements Met: Yes / No	**Further Support or Casework:** Yes / No
Referrals:	**Non-ERF Resources Provided:**
Requested ERF Resources:	

APPROVAL		
ERF Coordinator Approval: Yes / No	**Signature:**	/ /
Manager Approval: Yes / No / Not Applicable	**Signature:**	/ /

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SCORE					
I am experiencing financial hardship, but I am making some progress towards recovering financially. *(Circumstances – Financial resilience)*	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
					
The crisis I am facing is lessening and the service I am working with has helped me improve this. *(Goals – Changed Impact of immediate crisis)*	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
					

Satisfaction					
I am better able to deal with issues that I sought help with *(Satisfaction)*	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree