



Important – Please read this information carefully before you complete this referral. Once you have completed your 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 existing 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 Integrated Humanitarian Settlement Strategy (IHSS) and Settlement Grants Program (SGP). 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 received through a number of sources, 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 if 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 and persons who hold or have held a Temporary Protection visa.

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 CCS service providers has been established to deliver CCS. Members of the humanitarian services panel have been selected based on their demonstrated expertise in delivering services to humanitarian entrants in need.

The department’s CCS contract managers in each state or territory 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

Home page **www.immi.gov.au**

General enquiry line

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.

Please keep this information page for your reference

This page is intentionally blank



Attention: Complex Case Support (CCS) contract manager

State/territory

Date / /

Tick where applicable

Details of referring agency or individual

1 Name of organisation

2 Address

 POSTCODE

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

Referral details

4 Type of referral
 Community organisation IHSS 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 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

7 Primary client
 Family name
 Given names

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

9 Sex Male Female

10 Country of birth

11 Religion

12 Client's contact details
 Address

 POSTCODE

Telephone number (AREA CODE)

Mobile/cell

E-mail address

13 Alternative contact (if applicable)
 Family name
 Given names
 Telephone number (AREA CODE)

14 Visa subclass (if known)
 200 201 202 203
 204 Other Specify

15 Date of arrival (if known) DAY MONTH YEAR / /

16 How well does the client speak English?
 Very well Well
 Not well Not at all

17 Is an interpreter required?
 No
 Yes Primary language
 Alternative language

18 Family members requiring CCS services
 Number of adults
 Number of children

19 What are the issues/risks **currently** impacting on the client or their family?

Please number all that apply in order of severity, and expand upon the identified issues and risks in questions 20 – 22

- | | |
|--|--|
| <input type="checkbox"/> Behavioural concerns eg. engaging in risky/antisocial behaviour | <input type="checkbox"/> Lack of social support networks |
| <input type="checkbox"/> Emotional wellbeing concerns ie. high level of stress, anxiety | <input type="checkbox"/> Employment difficulties |
| <input type="checkbox"/> Suffering effects of torture and trauma | <input type="checkbox"/> Financial hardship |
| <input type="checkbox"/> Other serious mental health problems | <input type="checkbox"/> Risk of homelessness/homeless |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Limited life skills |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Criminal in State custody |
| <input type="checkbox"/> Intellectual or physical disability | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Family and/or relationship breakdown | <input type="checkbox"/> Victim of crime |
| <input type="checkbox"/> Family violence | <input type="checkbox"/> Victim of racism |
| <input type="checkbox"/> Alleged child abuse/neglect | <input type="checkbox"/> Other – please specify |
| <input type="checkbox"/> Death of a family member | |

20 Case history/background

21 Reasons for referral

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

