

About Specialised and Intensive Services (SIS)

The Humanitarian Settlement Program (HSP), provides Specialised and Intensive Services (SIS) to humanitarian entrants and other eligible visa holders who have complex needs.

SIS offer clients short term needs-based support to help them access appropriate mainstream services and develop the necessary skills to manage their needs independently.

SIS are delivered by HSP Service Providers on behalf of the Department of Social Services (DSS).

Who is eligible for SIS?

People holding one of the following visas may be eligible for SIS:

- Refugee (subclass 200, 201, 203 and 204)
- Global Special Humanitarian (subclass 202)
- Protection (subclass 866)
- Temporary Protection (subclass 785), Temporary Humanitarian Stay (subclass 449), Temporary Humanitarian Concern (subclass 786) and Safe Haven Enterprise (subclass 790).

Holders of these visas may be eligible for SIS up to five years after their arrival in Australia, or up to five years after the grant of their eligible onshore visa.

In exceptional circumstances, flexibility may be shown to this timeframe and holders of other visa subclasses. Australian Citizens are not eligible for SIS.

People who are eligible for SIS must demonstrate an inability to independently engage with appropriate supports **and** be impacted by multiple or complex barriers that may include:

- disability
- health needs that are severe, critical, long term and/or unmanaged
- mental health issues
- homelessness or housing instability
- domestic and family violence
- child and youth welfare concerns
- family and/or relationship breakdown
- social isolation
- financial hardship
- legal issues.

Who can refer a person for SIS?

Any organisation or individual can refer a person for SIS. This includes self-referral.

Important information about consent

Consent from the person/s being referred for SIS is required for a referral to be assessed by DSS. If the person is unable to indicate their written consent by applying their signature or mark to this form, then the referrer must obtain the verbal consent of the person and give a written undertaking to that effect.

How to refer a person for SIS

Please complete this form and send it to DSS by email, fax or post (email is preferred) using the contact details listed below.

If you are unsure of whether a person is eligible for SIS, or if you need help completing this form, please contact DSS by calling the enquiry line.

Enquiry line: 1300 855 669
(free call in Australia)

Email: SIS@dss.gov.au

Fax: (02) 6133 835

Post: Att: HSP 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 electronically or by other means.

The referrer must ensure that the person/s being referred for SIS is/are aware of and understands this information page, and that they are given a copy for their records along with the completed form.

What happens after a referral is submitted?

DSS will assess the eligibility of the person/s referred and notify the referrer of the outcome. If the person/s meets the eligibility criteria, DSS will engage a HSP Service Provider to deliver SIS.

The length of time that a client receives SIS is based on individual need, but will generally be up to six months.

Part 1 - Details of the organisation or individual making the referral

Organisation name (if relevant) _____ Date _____

Contact name/ Name of individual _____ Phone _____ Email _____

Note: If you are referring yourself for SIS, you do not need to complete Part 1

Part 2 - Details of the primary person being referred

Family name _____ First name _____

Date of birth OR age _____ Gender: Male Female Indeterminate/Intersex/Unspecified

Country of birth _____ Religion _____

Street Address _____ Suburb _____

State/Territory _____ Postcode _____

Mobile Phone _____ Arrival Date (if known) _____

Visa subclass (if known)
 200 201 202 203 204 866 449 785 786 790 Other (specify) _____

Interpreter required? No Yes Primary language _____ Alternative language _____

Part 3 - Other family members being referred

Number of other family members of the primary person being referred _____

Names and ages (if known)

Family name _____ First name _____ Age _____

Family name _____ First name _____ Age _____

Family name _____ First name _____ Age _____

Family name _____ First name _____ Age _____

Family name _____ First name _____ Age _____

If you need more space, please attach additional details

Part 4 - Consent

Important: You (the referrer) must obtain consent from all adults being referred. For children under 18 years of age, the child's parent/guardian must sign on their behalf. If you are unable to obtain the person/s signature or mark, you must obtain their verbal consent and indicate this below.

DSS will only collect, use or disclose personal information for a lawful purpose directly related to the provision of SIS and the Department of Home Affairs' UHM Program and for the future evaluation of the HSP.

DSS will take reasonable steps to ensure that personal information provided in a referral for SIS is disclosed to any contracted service providers in accordance with the *Privacy Act 1988*. The DSS Privacy Policy is available on the DSS website (www.dss.gov.au). The DSS 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, _____ consent to

(Name of primary person)

- information in this form being provided to DSS to assess my eligibility for SIS and for directly related administration purposes;
- being referred for SIS or to the Department of Home Affairs' Unaccompanied Humanitarian Minors (UHM) Program, where appropriate;
- my being provided with SIS; and
- DSS, its service providers, the Department of Home Affairs and other relevant agencies using and disclosing my personal information where that use or disclosure is directly relevant to the provision and administration of SIS or the UHM Program.

**Signature of primary person
or parent/guardian** _____

Date _____

The consent of all people aged 18 and over listed in Part 3 must also be individually recorded:

Full name _____	Signature/mark _____	Date _____
Full name _____	Signature/mark _____	Date _____
Full name _____	Signature/mark _____	Date _____
Full name _____	Signature/mark _____	Date _____

If you need more space, please attach additional details

If signature or mark cannot be obtained, I (the referrer) declare that:

1. I have fully explained to the person/s or parent/guardian listed in this form the purpose of collecting their (and any persons under the age of 18 mentioned in the referral) personal information, how it will be used and to whom it may be disclosed
2. The person/s or parent/guardian has acknowledged that they understand this purpose, use and disclosure and I am satisfied that they do understand; and
3. The person/s or parent/guardian has verbally consented to the collection, use and disclosure of their personal information.

Signature of referrer _____ **Date** _____

Part 5 - Support organisations/services

Provide details of organisations or services involved with the person/s.

Organisation name	Service/s provided	Organisation contact	Dates
			From: To
			From: To
			From: To

If you need more space, please attach additional details

Part 6 - Issues impacting the person/s

Please provide details of the issue/s impacting the person/s. Please ensure you provide information that is specific to each person you are referring for SIS.

Issue/s	Name of person/s impacted	Details
Disability (may be diagnosed or undiagnosed)		
Health needs that are severe, critical, long term and/or unmanaged (may be diagnosed or undiagnosed)		
Mental health issues that significantly impact daily life (may be diagnosed or undiagnosed)		
Homelessness or housing instability		
Domestic and family violence		
Child and youth welfare concerns		

Social isolation		
Financial hardship		
Legal issues		
Other (specify):		

Please attach supporting documentation, if available

Additional information (if required):