

PLACEMENT APPLICATION FORM

GENERAL INFORMATION

This Application Form is to be used to apply for the following services which are provided by Community Sector Organisations (CSOs) for Mental Health Services:

- Residential Rehabilitation and Supported Accommodation Program – Richmond Fellowship
- Residential Rehabilitation and Supported Accommodation Program – Anglicare (Rocherlea)
- Recovery Program - Anglicare
- Recovery Program - Aspire

(Please see “General Information and Overview of Service Options” for more detail about these services).

There are three sections to the MRP application (A, B & C).

- Section A and Section B must be completed by applicants wishing to apply for a Recovery Program with Aspire.
- Sections A, B & C must be completed by applicants wishing to apply for the Residential Rehabilitation Programs with Rocherlea and Richmond Fellowship and the Anglicare Recovery Program. Applicants **MUST** also complete the checklist on Page 8.

If you require additional information to assist in this process or a copy of an application form, please contact the Maximising Recovery Panel on:

North: Phone: 6336 2196 or Email: mentalhealthservices.mrpnorth@dhhs.tas.gov.au

Alternatively if you require a copy of the information package and/or application form and the number listed above is unavailable, please contact:

James (ACMHSN): 6336 2185 or Mel (NORTHSIDE): 6348 7765

Once completed, all the documentation **MUST** be enclosed in an envelope marked **CONFIDENTIAL** and sent to the relevant Area Management Unit (address for your region listed on Page 8).

This will allow applications to be assessed by the Maximising Recovery Panel and a determination made whether or not additional services will be provided. The MRP meets monthly, however there is a process for out of session applications with consultation from the Chair of the MRP. All applicants will be informed in writing of the outcomes of this process.

Mental Health Services (MHS), as part of the Department of Health and Human Services (DHHS), collects personal information from you for the purpose of your application to the Maximising Recovery Panel (MRP) and this information will be used by the MRP to determine the appropriate service option. If MHS does not receive all the information required, the MRP may not be able to adequately assess your application.

The service options are provided by CSOs who are on the MRP and MHS will ask for your consent to disclose some or all the information MHS collects to the recommended service option provider (CSO).

Throughout this process, your personal information will be managed by MHS and CSOs in accordance with the *Personal Information Protection Act 2004* and you may access your information on request. For further information about DHHS management of your personal information, you can review the personal information protection policy at www.dhhs.tas.gov.au/aboutus/pip.php or MHS can provide you with a copy of the policy.

MRP IDENTIFIER No.	
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A. CONSENT

I, _____ (Your full name)
please print clearly

give my consent for an Application to be made to the Maximising Recovery Panel for a Community Sector Organisation.

I have discussed this Application with my Case Manager/Designated Clinician

_____ (Name of Case Manager/Designated Clinician)
please print clearly

and understand and give consent where applicable, that:

1. Mental Health Services will collect, review, hold and where necessary provide my personal information (including mental health history) to the CSO supplying the service requested in this application. The collection, use and disclosure of this information is governed by the Personal Information Protection Act 2002 (PIP Act).
2. This application will be forwarded to the Maximising Recovery Panel (which includes as members, representatives of the CSO service providers) with details of my personal information.
3. The Maximising Recovery Panel will consider my application and will advise me of one of the following outcomes:
 - Recommend to commence orientation with an CSO service option provider;
 - Recommend to be placed on a waiting list;
 - Non acceptance but with recommendations to Case Manager/Designated Clinician.
4. If the Maximising Recovery Panel recommends me for a service option, I give consent for a copy of this Application, to be given to the CSO providing me with the service option.

Applicant _____ / /
Signature

Witness _____ / /
Signature

MRP IDENTIFIER No.	
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B. APPLICATION

APPLICANT INFORMATION

Please print clearly:

First Name:				
Middle Name:				
Last Name:				
UR Number :	Language Spoken :	Date of Birth:	Age:	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F

Street address:	
Mobile no.:	
Contact Phone no.:	

Legal Status e.g. IO,CCO,CTO	
Guardianship Orders: (Please state if any)	
Person responsible: (if other than self)	

Mental Health : Diagnosis	
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Responsible Clinician:	
Service:	
Service Contact Details:	

Application made by (Referrer):	
Relationship to Applicant:	
Date of Application:	

As Referrer, do you wish to attend the MRP meeting where this application will be discussed? – Maximum of 10 minutes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Office Use only – if YES – Advised Referrer of Date/Time/Venue or relevant MRP Meeting -	<input type="checkbox"/> Yes
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MRP IDENTIFIER No.	
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B. APPLICATION CONTINUED

Case Manager / Referrer expectations of the Application:

IF YOU REQUIRE MORE SPACE, PLEASE ATTACH ANOTHER SEPARATE SHEET TO THIS APPLICATION.

If the applicant is a client of MHS please attach a current copy of a Mental Health Risk Assessment if available

All referrers must also complete the following scale

1	2	3	4
Low level of risk			Significant difficulties

Please rate the following from the Rating Scale above: If an item is rated 3-4 provide further details on the following page.

Risk / Issues:

Medication adherence issues	
Alcohol and drug issues	
High relapse frequency	
Suicide Risk	
Harm to others	
Self Harm	
Harm from Others	
Care of self	
Daily living skills	
Level of support	
Housing Issues	
Self esteem/confidence	
Vocational Issues	
<u>Parenting Issues</u>	

Risk / Issues (continued):

Other Please specify:

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MRP IDENTIFIER No.	
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STATEWIDE AND MENTAL HEALTH SERVICES

Checklist for Client & Referrer:	
Please tick when completed:	
Client has signed the Consent Form (Page 2)	<input type="checkbox"/>
Witness has signed the Consent Form (Page 2)	<input type="checkbox"/>
Client has completed personal details (Page 3)	<input type="checkbox"/>
Copy of MHS Risk Assessment	<input type="checkbox"/>
Referrer has signed Consent & Application Form (see below)	<input type="checkbox"/>
Supporting Documentation Attached (applications will not be accepted without the following information and clear identification of the goals for the referral from the applicant and their Case Manager).	
Current Individual Service Plan (ISP)	<input type="checkbox"/>
Legal Status, Guardianship, Mental Health Act, Forensic Orders	<input type="checkbox"/>
Current risk assessment	<input type="checkbox"/>
Please Note, For referral to Rocherlea Supported Accommodation Facility, the following documents MUST accompany the application:	
Bio-psychosocial Assessment	<input type="checkbox"/>
Relapse Prevention Plan	<input type="checkbox"/>
Family Care Plan (where appropriate)	<input type="checkbox"/>
Current HoNOS Scale	<input type="checkbox"/>
Current Life Skills Profile (LSP – 16)	<input type="checkbox"/>
Basis 32 (if completed)	<input type="checkbox"/>
Any specialist assessments indicated in the bio-psychosocial assessment	<input type="checkbox"/>
FOCCS	<input type="checkbox"/>
Referrer's Signature:	
	/ /
<i>Signature</i>	<i>Date</i>

Please enclose in an envelope marked **CONFIDENTIAL** and send to:

North

Maximising Recovery Panel

Area Management Unit – Mental Health Services North

Level 1, 52 Frankland Street

Launceston TAS 7250

Or email: mentalhealthservices.mrpnorth@dhhs.tas.gov.au

PO Box 708, Launceston 7250

Ph: 6336 2196