



NORTH COAST PARTNERS IN RECOVERY (NCPiR) APPLICATION FORM



Australian Government
Department of Health

Instructions: Please complete all sections and ensure you sign the consent section.
PLEASE NOTE: PIR IS NOT DESIGNED TO HELP WITH EMERGENCY OR CRISIS SITUATIONS

Please read the Information Sheet before applying.

1. Program Criteria *All five inclusion criteria must be met*

- | Yes | No | Do you currently: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | have severe mental health issues that have significantly impacted your health and wellbeing over time? |
| <input type="checkbox"/> | <input type="checkbox"/> | have unmet needs that require multiple supports? |
| <input type="checkbox"/> | <input type="checkbox"/> | need help to coordinate these supports? |
| <input type="checkbox"/> | <input type="checkbox"/> | live in the NCPiR region (Port Macquarie to Tweed Heads)? |
| <input type="checkbox"/> | <input type="checkbox"/> | give your consent to participate in the program? |

National Disability Insurance Scheme (NDIS) also requires that you are under 65 years of age and either an Australian Citizen or hold a permanent visa or special protected visa

Do you meet these criteria? Yes No

2. Personal Details

First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ____/____/____

Gender: Male Female Intersex Transgender Gender Diverse Prefer not to disclose

Do you require assistance with or special consideration for: Reading/Writing Vision Impairment Hearing Impairment

What are your current living arrangements: Homeless Staying with family/friends Secure Tenancy

Other Please Specify: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Preferred method of contact: Phone call SMS Email

Phone: _____ Mobile: _____

Email: _____

Has PIR helped you before? Yes No If yes, where? _____

3. Cultural Background

Do you identify as: Aboriginal Torres Strait Islander (TSI) Neither Both Unsure

Country of Birth: _____

Do you speak a language other than English? Yes No Do you need an interpreter? Yes No

If yes, what language(s) _____

4. Income

What is your current source of income:

- Disability Support Pension Newstart Other Centrelink Payment Please specify:
- Paid Employment Self-Employment DVA Other Income Please specify:

Are you a National Disability Insurance Scheme (NDIS) participant? Yes No

5. Health

What is the primary mental health illness you are experiencing?

How long have you been experiencing this?

Do you have a diagnosis? Yes No Please specify:

Are alcohol and other drugs impacting on your wellbeing? Yes No

Do you access a clinical mental health service provider, such as a Case Manager, Psychologist or Psychiatrist?

Yes No Unsure If yes, please give details below

Name: Organisation: Phone Number:

Please list any other services that you are currently engaged with (if any)

Service Name	Contact Person	Phone Number	Can PIR Contact?
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Safety & Wellbeing

Have you made a plan with any other services for managing safety? Yes No If yes, please provide details below:

Who can we talk further to about this? Name Phone Number:

A Support Facilitator will clarify/discuss your personal wellbeing or self-care plan with you further when they call

7. How can PIR help?

What's getting in the way of your recovery at the moment?

How can NCPIR best assist you?

8. Supports

Are there family and kinship structures you would like involved in your support? Yes No Yes, please tell us who to involve:

Name: Phone Number:

Relationship: Email:

9. Referrer Details

Contact details of the person supporting you to complete this application (if applicable):

Name: Agency/Service (if applicable)

Relationship to applicant:

Phone: Email:

Are there any special considerations PIR will need to be aware of? Yes No If yes, please specify:

10. Consent

- | Yes | No | Do you: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | give consent to be involved in the NCPIR program? |
| <input type="checkbox"/> | <input type="checkbox"/> | give consent to share the above information with a Support Facilitator so they can contact you to discuss eligibility? |
| <input type="checkbox"/> | <input type="checkbox"/> | have a willingness to participate in the PIR program? |

Sign: Date: / /

Thank you for completing this application.

Please email the form to PIRintake@missionaustralia.com.au, mail to PO Box 396, Sawtell NSW 2452 or fax to 02) 6658 7963. You can also complete this form online at <http://www.pirnorthcoast.com.au/>. No further information is required from you at this stage. Your application will soon be assessed and a PIR staff member will be in contact with you.

Please call 1800 022 066 with any further enquiries.

North Coast PIR is committed to ensuring that each person's right to privacy and confidentiality is promoted, respected and upheld and that open and transparent process are established for the collection, management, storage and disclosure of information. More information about Mission Australia's Privacy Policy can be found at: <https://www.missionaustralia.com.au/privacy-policy>

*PIR North Coast NSW is a consortium led by Mission Australia and including:
The Buttery, Galambila Aboriginal Health Service, Anglicare North Coast, CHESS, and New Horizons.*