

# Application for the Family Support Program for Children with a disability (Low Band Funding only)

The Family Support Program for Children provides assistance to families who are caring for their child/ren with a disability and complex support needs. A range of flexible and responsive supports are provided to families to strengthen their capacity to care for their child and participate in the community.

## How does the program work?

- Lifeline Darling Downs & South West Qld Ltd FSW (Family Support worker) works with families to address ongoing support needs (within the low support band only).
- These families will receive support from a Family Support Worker who can support the family in a number of ways including:
  - a) provide information and assist with planning
  - b) provide personal support and link the family to a range of supports and services
  - c) assist with access to discretionary funding to provide supports and services that cannot be provided in other ways
- In addition, support may also become available to enable a number of families to access one-off items of support or equipment.

## Application Form

This application form is part of an information kit provided to assist families in applying for family support. Included in the information kit is an application form a Lifeline Darling Downs & South West Qld Ltd Registration form and an information flyer about the Family Support Program. The geographical area serviced can be obtained from Lifeline Darling Downs & South West Qld Ltd, P O Box 92, St George, Qld 4487, Ph: 4625 5314, Fax: 4625 3489. This area is loosely described as being between 2-3 hours travel from St George.

Referrals can be made for family support through a variety of avenues including DSQ, family support providers, community organisations, schools or by self-referrals.

### Protecting your privacy

Lifeline Darling Downs & South West Qld Ltd St George is collecting information on this form to identify if you are eligible for assistance from the Family Support Program for Children and determine individuals who will be prioritised for support. Within Lifeline Darling Downs & South West Qld Ltd St George access to this information is strictly limited to those officers who have a need to see it. This includes participants in the Regional Priority Panels whose job it is to determine a priority rating for each Applicant. Where Priority Panel members are not Lifeline Darling Downs & South West Qld Ltd St George officers, they are required to sign a confidentiality agreement.

It is acknowledged that his process is lengthy and involves families having to disclose their circumstances, however in order to give your family the best opportunity to accurately demonstrate their needs, these details are required. The Program respects a family's right to privacy and the personal nature of this information. Lifeline Darling Downs & South West Qld Ltd St George will not release your details outside this department unless you agree to do so.

Lifeline Darling Downs & South West Qld Ltd St George encourage applications to DSQ also.

## Is assistance available to complete this form?

Staff from Government and non-government agencies may assist families as required to complete the Family Support Application and Registration forms. Alternatively, families may identify a person of their own choice to assist with completing this application form.

## Who is eligible?

Eligibility criteria for the *Family Support Program for Children* is as follows:

- The child/ren has a disability as defined under the *Queensland Disability Services Act (2006)*.
- The child is under 18 years of age.
- The child/ren with a disability must be living full-time with their birth or adoptive family.

The child must have a disability that is attributable to an intellectual, cognitive, neurological, sensory, psychiatric or physical impairment, or a combination of these impairments.

The child will need support due to substantial reduction of their capacity for communication, social interaction, learning or mobility.

The disability is permanent or likely to be permanent and may be of a chronic episodic nature.

## How to apply?

- 1 Complete an Application for the Family Support Program\* (this form), and Registration form and send to Lifeline Darling Downs & South West Qld, PO Box 92, St George Qld 4487. (NB: If you have more than one child with a disability, please complete and attach additional forms for each child.)
- 2 You will be advised in writing that Lifeline Darling Downs & South West Qld Ltd St George has received your Family Support Program Application.
- 3 All Family Support Program Applications lodged with Lifeline Darling Downs & South West Qld Ltd St George are considered in successive funding rounds\*\*, unless a family chooses to withdraw their application or the child turns 18 years of age. If the person with a disability is over 18 years of age and living with their family, the family may wish to complete a Family Support Program for Adults application with Disability Services Qld.
- 4 A Current medical review/report from a Paediatric Specialist must accompany applications.

(\*To update previous applications please contact Lifeline Darling Downs & South West Qld Ltd St George.)

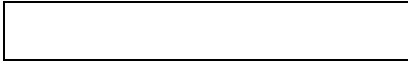
(\*\*Places may become available after tri annual reviews of all clients currently on program.)

## How are families selected?

- All eligible applications are considered for the available family support places.
- A panel of people familiar with the Family Support Program will consider the applications. (This panel includes representatives from community agencies, parents and Lifeline Darling Downs & South West Qld Ltd.)
- You may be contacted for the purpose of clarifying the information in your application form.
- All families are advised in writing of the outcome of their application within a given funding round.
- Unsuccessful applications will remain on file for consideration should a vacancy become available in the future.

**Please keep this attachment or photocopy the whole form for future reference.**

Date I sent my Family Support Application Form to Lifeline Darling Downs & South West Qld:



# Section A1

## Family details

### Carer/Parent/s Details:

Name	Relationship

### Other Child/ren Names (names of all children in family).

Child Name	Date of Birth	School & Year	Living at Home (Yes/No)

### Address Details

#### Residential

(Street) \_\_\_\_\_

(Suburb/Town) \_\_\_\_\_

(State) \_\_\_\_\_ (Postcode) \_\_\_\_\_

#### Postal

(Box No) \_\_\_\_\_

(Suburb) \_\_\_\_\_

(State) \_\_\_\_\_ (Postcode) \_\_\_\_\_

(Phone: Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Phone: Mobile) \_\_\_\_\_

(Email) \_\_\_\_\_

# Section A2

## Child's details

Please give details of your child with a disability, their disability type, the impact this has on their day to day life, the activities they currently participate in, access to community activities and their support needs.

Surname  Given names

Date of birth  Residential address

Phone No.

**Please note:** *If there is more than one child with a disability in the family, please complete that child's details on an additional form/s and attach to this application.*

Note: In the Lifeline Darling Downs & South West Qld Ltd Registration form you are asked to provide information on the general classification of your child's primary and secondary disabilities. The following questions will provide additional information about the disability and the effect that has on your child's day to day life.

1 Please specify your child's diagnosis or type of disability.

2 What are your child's strengths and interests?

**3a** Please describe how the disability impacts on your child's quality of life and need for care on a day to day basis, (eg: access to meaningful activities, maintaining friendships, use of wheelchair and or other aides, difficulties with eating and personal care requirements, difficult, violent or challenging behaviours.)

**3b** Have you made a compensation claim, or are eligible to make a claim on behalf of your child? If so, please give details.

**4** Please describe the particular health issues that impact on your child's day to day life, (eg: susceptibility to chest infections, asthma, diabetes, epilepsy, gastrostomy, colostomy, regular hospitalisation and/ or medical intervention.)

**5** Please describe your child's current and future developmental needs, (eg: mobility, communication, learning/cognition, social relationships, emotional/self esteem development, daily/independent living skills, behavioural supports.)

Current:

Future:

**6a** What activities does your child participate in within your local community (ie outside school and home, eg. childcare, after school care)?

**6b** What prevents or makes this difficult to happen? (eg: access, lack of support, lack of understanding or skills of the community to include children with disabilities in local activities, cost, transport.)

**6c** What other activities would you like to see your child participate in? (eg: playing with friends, music, sporting activities, clubs, after school and vacation care, child care, kindergarten and pre-school for pre-primary school age children.)

The following questions relate to your child's school placement. While the responsibility of school supports remain with Education Queensland, the program understands the importance to children and their families of a successful placement. Facilitators can assist families to identify and negotiate related issues.

**7** If your child is of school age, do they currently attend school ?  **es**       **o**

If **No**, please provide details:

If **Yes**, what type of educational setting does your child attend? (eg. state/private school, special school, distance education, special education development unit, home schooling)

**8** If your child does not attend the above setting full time, please indicate how many hours a week on average that they attend.

 hours per week

**9** Please indicate if there are any areas where you or your child needs additional support to make the school placement work well? (tick all boxes that apply)

- a) Assistance with administering medication
- b) Assistance in negotiating resources for children with personal care needs
- c) Assistance in negotiating aide time
- d) Assistance with negotiating additional support for your child for school excursions
- e) Assistance to parents in problem solving school issues
- f) Assistance with negotiating transport issues
- g) Support to parents in attending formal school meetings  
(eg: ascertainties, educational planning, meeting with teachers/school staff)

Other

**10** Do you find you need to spend time at the school or negotiating with school staff in order to ensure your child's school placement works well?

- Yes**       **No**

If **Yes** please give details:

# Section B

## Family member details

The program acknowledges the significant and often intense role of parents and family members in caring for their child/ren with disabilities, at times under difficult circumstances. In the following questions information is sought about the impact of factors such as health, disability, other family responsibilities and access to the paid workforce, on parent's capacity to fulfil their parental and caring roles.

**Parent/Carer 1: Name**

**Relationship to child**

**\*NOTE if a single parent family please circle YES NO**

**11** If you have a disability or health problem, please describe the impact this has on your role as a carer.

**12** Please describe other factors that significantly impact on your parenting role, (eg: family members who are sick, elderly relative or siblings of child/ren.)

**13** Are you a full-time carer? es o

If **Yes**, do you currently receive Centrelink payments as a main source of income ?

**Yes** (type/s benefit) \_\_\_\_\_

**No**

**14** Are you in paid employment or study of any type, please provide details.

Open employment  Full-time  Part-time/Casual

Supported employment  Full-time  Part-time/Casual

Self employed  Full-time  Part-time/Casual

Study  Full-time  Part-time/Casual

**15a** How does your caring role impact on your capacity to participate in the workforce/education?

**15b** Does your participation in the workforce/education impact on your capacity to care for your child? (eg: shift work, required to travel for work)

**Parent/Carer 2: Name**

**Relationship to child**

**16** If you have a disability or health problem, please describe the impact this has on your role as a carer.

**17** Please describe other factors that significantly impact on your parenting role, (eg: family members who are sick, elderly relative or siblings of child/ren.)

**18** Are you a full-time carer?  **Yes**  **No**

If **yes**, do you currently receive Centrelink payments as a main source of income ?

**Yes**  **No**

**19** Are you in paid employment or study of any type, please provide details.

Open employment  Full-time  Part-time/Casual

Supported employment  Full-time  Part-time/Casual

Self employed  Full-time  Part-time/Casual

Study  Full-time  Part-time/Casual

**20a** How does your caring role affect your capacity to participate in the workforce/education?

**20b** Does your participation in the workforce/education effect your capacity to care for your child? (eg: shift work, required to travel for work)

**Please answer the following questions about your child's siblings living at home.**

**Sibling 1: Brother/sister**

**Age**

**21** How is this sibling affected by the support needs of the child with a disability?

**22** Does this sibling have significant needs that you feel are not being met and that impact on the family?

**Yes**

**No** If **Yes**, please provide details:

**Sibling 2: Brother/sister**

**Age**

**23** How is this sibling affected by the support needs of the child with a disability?

**24** Does this sibling have significant needs that you feel are not being met and that impact on the family?

**Yes**

**No** If **Yes**, please provide details:

**For other siblings, please attach the same information.**

# Section C

## Family's support needs

Please give information on what supports your family currently receives and the areas where support is required.

25 Please list your family's strengths.

26 Do you have significant others (extended family ie. grandparents, close friends, relatives, neighbours) who give you support when you need it?

Yes

No If Yes, please provide details:

27 What other supports do you currently receive? Please list type of support, who provides it, how often, is it likely to continue.

**Informal** (eg: extended family, friends, neighbours, the church, supportive school environment, community support, volunteer helpers):

**Formal** (eg: paid home help, respite, therapy services, a paid support worker who supports your child, Disability Services, Dept. of Community Services, Education Qld, Dept. Health, Mental Health):

**28** Is this support meeting your family's needs?  **Yes**  **No**

If No, what other supports would enhance your family's quality of life and support your caring role? (eg: household maintenance, hands-on support for the child, cleaning, financial assistance to purchase a range of services or items/equipment, counselling, opportunities to participate in more recreational activities, childcare.)

**29** How does the care of your child with a disability impact on your family life? (eg: family relationships, family wellbeing, safety issues, financial effect, opportunities for family activities, opportunities for sibling activities.)

**30** If you were to be selected for the family support program how do you think that it would make a difference to your family's ability to care for your child with a disability?

**Non-recurrent (one off) assistance.** From time to time the Government has funding for one off support or monies not expended in the FSP go towards Non-recurrent assistance.

31 Are there any one-off items, equipment or specific time limited supports that would make a significant long term difference in caring for your child with a disability? Please list item/s, approximate cost, length of time required (if applicable) and benefit that the item/s provide to the family, eg. equipment not available through Medical Aids Subsidy Scheme, counselling.

**(Please note – respite and in-home assistance are not usually considered one-off supports as they have recurrent implications.)**

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**Please sign and date application, below.**

**Parent/Carer 1**

Name:

Signature:

Date:

**Parent/Carer 2**

Name:

Signature:

Date:

**Person assisting in completing this form**

Name:

Agency:

Phone No:

Signature:

Date: