# Permanency Support Program

# Complex Needs Payment

# Application form

## Policy statement

The specialist package for complex needs is a one-off or time limited payment that is only accessible:

* in extraordinary circumstances where the service or support required is over and above what is funded within the existing Permanency Support Program (PSP) packages, and
* for children in out of home care (OOHC) or under the parental responsibility of the Minister and case managed by a PSP Provider.

Refer to the [Eligibility Rules](https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/service-providers/out-of-home-care-and-permanency-support-program/health-and-education-pathways/complex-needs-payment-business-rules.pdf) [for PSP Complex Needs Payments](https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/service-providers/out-of-home-care-and-permanency-support-program/health-and-education-pathways/complex-needs-payment-business-rules.pdf) and the [Complex Needs Application Process Overview](https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/service-providers/out-of-home-care-and-permanency-support-program/contracts-funding-and-packages/complex-needs-payment-application-process-overview.pdf) for further information.

All sections of this application form must be filled out and supporting evidence provided as required or it will not progress.

### **Requested Application Timeframe**

Select one of the timeframes. (Refer to [Complex Needs Process Overview](https://dcj.nsw.gov.au/documents/service-providers/out-of-home-care-and-permanency-support-program/contracts-funding-and-packages/complex-needs-payment-application-process-overview.pdf) for help)

[ ]  Standard (15 business days)

[ ]  Urgent (2 business days)

Reason for urgent approval: Click or tap here to enter text.

Note: Applications can only be processed within indicated timeframes if all necessary information and evidence is provided. Urgent requests indicate a critical need for the service or support. Any application marked as urgent that is not critical will be sent back to the district for standard processing.

### **Child details**

Name: Click or tap here to enter text.

Date of birth (Please use format day/month/year. DD/MM/YYYY): Click or tap to enter a date.

Age: Click or tap here to enter text.

ChildStory ID number: Click or tap here to enter text.

PSP Provider: Click or tap here to enter text.

DCJ Unit with secondary case responsibility: Click or tap here to enter text.

### **Current PSP service packages**

Case plan goal package: Choose an item.

Service type/ baseline package: Choose an item.

Child needs package: Choose an item.

Specialist package. These packages provide additional funding and are considered when assessing the application. Select one of the following options:

[ ]  4 + sibling placement option

[ ]  Additional carer support

Date of last CAT (Please use format day/month/year. DD/MM/YYYY): Click or tap to enter a date.

Has the child already received a complex needs payment for the same service or support?

[ ]  Yes

[ ]  No

Date of approval: Click or tap to enter a date.

### **Application category**

Choose all that apply:

[ ]  Therapeutic behaviour support

[ ]  Disability supports and services

[ ]  Additional rostered staff

[ ]  Discretionary extraordinary placement support

Is this application to support the step down of a child or sibling group from a High Cost Emergency Arrangement?

[ ]  Yes

[ ]  No

## Complex Needs Payment – Duration and Amount

**Maximum 12 months: Therapeutic Behaviour Support, Disability Supports and Services and Discretionary Extraordinary Placement Support**

**Maximum 6 months: Additional Rostered Staff**

**Is this a one off or time limited request**?

[ ]  One off

[ ]  Time limited

If time limited enter start date and end date (Please use format day/month/year. DD/MM/YYYY):

Start date: Click or tap to enter a date.

End date: Click or tap to enter a date.

**Total estimated cost of the service or support:**

GST exclusive: Click or tap here to enter text.

GST Inclusive on applicable items: Click or tap here to enter text.

**Amount sought through complex needs:**

GST exclusive: Click or tap here to enter text.

GST Inclusive on applicable items: Click or tap here to enter text.

Note: This is the total estimated cost minus any PSP Package funding used, agency contribution or other funding sources such as NDIS, insurances or Medicare.

## Details of the request

**1. What is the service or support required?***Guidance note: Briefly describe the service or support required including information about what the service or support is, why it is required for this child or young person, who will be or how it will be provided and frequency of service (where applicable).*

*If applying for Additional Rostered Staff, explain the current staffing arrangements (including if other children in the home have additional staffing support and how that is funded) and how additional short-term rostered staff will de-escalate and stabilise the care arrangement. Describe the details of a step-down plan (or attach it) including timeframes. Briefly detail how ongoing review will occur to monitor and assess the effectiveness of the services or supports.*

*If a previous application has been approved for Additional Rostered Staff, attach an updated plan that outlines the actions taken to implement the stepdown plan, what did/did not occur from the last plan.*

*Use Shift+enter below to create a new paragraph*

Click or tap here to enter text.

**2. For applications for Therapeutic Behaviour Support, Disability Supports and Services and Discretionary Placement Support outline the other options considered or sought before seeking a complex needs application.***Guidance note: Provide concise information demonstrating that all casework, cost neutral or funded options have been explored before seeking complex needs. For example caseworker providing supervision of family time or transport, universal health services, NDIS plan funding, or request for review of the NDIS plan, child’s support networks, support through NSW Department of Education (such as transport), re-application of the CAT or ITTC Outreach, non-fee based support services or any other programs funded by DCJ to support OOHC.
If the application is for additional rostered staff please go to the next question.*

Click or tap here to enter text.

**3. Outline why additional funding is needed for the service or support***Guidance note: Outline why the service or support cannot be funded within the PSP Packages, demonstrating that the required service or support is extraordinary, over and above, the current funding provided for this child within their current packages. Including information about the child’s NDIS plan funding or future expenditure where relevant.
This section should include information about the current expenditure, and/or projected expenditure for the child. This can be done by attaching the child’s financial plan. Applications should only be made for the amount being requested. If the PSP Provider is able to partially fund the service, or there is available NDIS funding, or other contribution this should be outlined.*

Click or tap here to enter text.

**List of Supporting Evidence**

*Guidance: List the supporting evidence for this application below. Evidence listed should be attached with this application form.
Evidence should directly relate to the service or support that funding is being requested for.
Examples of relevant evidence may include: the current case plan showing the service or support need, behaviour support plan, financial plan, NDIS plan, GP or specialist report, or risk management plan.*

*Any quote(s) for the service or support must be attached.*

*This information is essential to assess the application.*

Click or tap here to enter text.

## PSP Provider Approval

In submitting this form and typing your name (digital signature), you are acknowledging that the information above is accurate and consistent with your agency records.

Provide your name and date below against your role title (Please use format day/month/year. DD/MM/YYYY).

Principal Officer or Delegate: Click or tap here to enter text.

Contact for financial matters: Click or tap here to enter text.

Contact for casework matters: Click or tap here to enter text.

## DCJ Approval

In typing your name and date you are indicating that you are supporting this application.

Note:

Endorsement by the lead contract manager is required. Where the child is managed by another district the lead contract manager should liaise with the local Commissioning and Planning team to inform their endorsement.

The lead contract manager endorses the financial justification, total amount and contribution on behalf of the agency.

* In line with district processes, applications can be supported by Director Community Services/Director Operations and/or Director Commissioning and Planning.

Lead contract manager name: Click or tap here to enter text.

Date: Click or tap to enter a date.

CFDU Manager Client Services name: Click or tap here to enter text.

Date: Click or tap to enter a date.

DCJ Director name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Executive District Director name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services name: Click or tap here to enter text.

[ ]  Approved

[ ]  Declined

Date: Click or tap to enter a date.