**Escaping Violence Payment program - Agency Supported Client - *Fast Track* Application**

**Part A: Agency supported *Fast Track* application requirements**

***You are completing this payment application on behalf of your client with their full knowledge and consent.***

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| **Eligibility Criteria** | | |
| **Note: If the answer to any of the eligibility questions is ‘no’, the client is not eligible for an Escaping Violence Payment.**  Please do not proceed further with this application form. Contact your local EVP provider if you have any questions. | | |
| 1 | The client has confirmed that they have not already received more than $500 from the Escaping Violence Payment Program in the past 12 months. | **Yes** |
| 2 | I have **sighted photo ID** (eg driver's license, passport, key pass ID)and can confirm that the client is 18 years and older? | **Yes** |
| 3 | I confirm that client Is an Australian citizen, permanent resident or holder of a protected special category visa? (please ensure you document your checks in your own case notes) | **Yes** |
| 4 | I confirm that the client has experienced intimate partner violence? | **Yes** |
| 5 | I confirm that the client has changed or is soon changing their living arrangements due to intimate partner violence (within the last 12 weeks the client has left or a Person Using Violence (PUV) has left their normal shared place of residence, OR the client has a safe, secure plan in place to leave soon, including from a refuge or temporary accommodation) | **Yes** |
| 6 | I confirm that the client Is currently experiencing financial stress? | **Yes** |

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| **Your agency responsibilities for Client Consent, Privacy & Safety** | |
| *The EVP program recognises clients’ right to privacy and confidentiality and we are committed to protecting these. The EVP program is bound by the Australian Privacy Principles, and the Privacy Act 1988 (Cth). The EVP program will only ask for personal information that is necessary for us to carry out and improve our services and programs. We do not disclose sensitive information about clients unless they agree or would reasonably expect us to disclose it. Please refer to your* [*local EVP provider’s*](https://www.unitingvictas.org.au/services/family-services/family-violence-services/escaping-violence-payment/#our-partners) *Privacy Policy for more details. There are situations where the EVP program is required by law to disclose information without a client’s consent. This may include circumstances where there is a perceived threat to life, health, safety or welfare. If your client believes their privacy has been breached or they have a complaint about how their personal information has been handled, please refer to your* [*local EVP provider*](https://www.unitingvictas.org.au/services/family-services/family-violence-services/escaping-violence-payment/#our-partners)*.* | |
| **The Escaping Violence Payment program is not an emergency response service and is not a specialist Family Violence service.**  **Agency role & Responsibilities for Consent, Privacy and Safety for Fast Track cases:**   * To continue to work with the client while we process the payments * To inform EVP within 24 hours if the client disengages with the referring agency or if the agency close with the client * To fully complete and submit the EVP application on behalf of the client with their consent   **NOTE: If the answer to any of the Consent, Privacy & Safety questions is ‘no’, the Fast Track application cannot be completed.** Please do not proceed, contact your [local EVP provider](https://www.unitingvictas.org.au/services/family-services/family-violence-services/escaping-violence-payment/#our-partners), or the client can [apply directly](https://unitingevp.powerappsportals.com/escaping-violence-payment/). | |
| Has the client consented to this application being submitted on their behalf? | **Yes** |
| Can you confirm that your agency is supporting the client with all appropriate family violence support or referrals? | **Yes** |
| Can you confirm that your agency is supporting the client with all appropriate risk screening, risk assessments and safety planning? | **Yes** |
| Can you confirm you have informed the client that their details will be collected and stored by the National EVP program and the Department of Social Services? | **Yes** |
| Can you confirm you have informed the client that they can cease this application at any time? | **Yes** |
| Can you confirm that you will remain the contact for this application, should the EVP team need more information during **the coming 2 weeks**? | **Yes** |

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| **Worker and Agency details** | | | | | | |
| **Worker Name** | Click or tap here to enter text. | | **Agency Name** | | Click or tap here to enter text. | |
| **Worker Phone No** | Click or tap here to enter text. | | **Program Name** | | Click or tap here to enter text. | |
| **Worker E-Mail Address** | Click or tap here to enter text. | | **Length of time involved with client** | | Click or tap here to enter text. | |
| **Is your Agency a Family or Domestic Violence Service?** | | | | | Yes No | |
| Agency description (Select one of the following options) | | | | | | |
| Health | | Community Services (including family violence services) | | Educational | | General Medical Practitioner |
| Legal | | Employment/job placement | | Aged Care | | Other Agency Type Click or tap here to enter text. |
| DSOA /COS | | Humanitarian Settlement | | Disability | |  |

**Part B: Administrative Information as per the Department of Social Services**

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| **Client Information – Please complete all fields** | | | | | | | | | | | | |
| **Date of Application** | Click or tap to enter a date. | | | | | | | | | | | |
| **Client First Name** | Click or tap here to enter text. | | | **Client Family Name** | | | Click or tap here to enter text. | | | | | |
| **Phone Number** | Click or tap here to enter text. | | | **Date of Birth** | | | Click or tap to enter a date. | | | | | |
| **Email Address** | Click or tap here to enter text. | | | | | | | | | | | |
| **Residential address** | Click or tap here to enter text. | | | | | | | | | | | |
| **Indigenous status:** | None  Aboriginal | | Both Aboriginal and Torres Strait-Islander  Torres Strait Islander | | | | | | Not stated / inadequately described | | | |
| **Sex** (at birth)**:** | Female  Male | | Intersex / indeterminate  Not stated / inadequately described | | | | | |  | | | |
| **Do they identify as LGBTIQA+:** | Yes  No | | If yes: Choose an item.  Not stated / inadequately described | | | | | If Other: Click or tap here to enter text. | | | | |
| **Country of birth:** | Australia  Not stated / inadequately described  Other: Click or tap here to enter text. | | | | | | | | | | | |
| **Main language spoken at home** | English  Other – please describe: Click or tap here to enter text. | | | | | | | | | | | |
| **Interpreter required:** | Yes  No *Language*: Click or tap here to enter text. | | | | | | | | | | | |
| **Long term disability** | Intellectual/learning disability  Psychiatric disability | | | | | Physical/diverse disability  Sensory/Speech disability | | | | | | Other disability – please specify  None |
| **Are they homeless?** | Yes  No  At risk  If no or at risk, please describe: Click or tap here to enter text. | | | | | | | | | | | |
| **What is their household composition?** | Single (person living alone)  Single parent with dependent(s) | | | | Couple  Couple with dependent(s) | | | | | Group (unrelated adults)  Group (related adults) | | Homeless/no household  Not stated / inadequately described |
| **What is their current employment status?** | Paid work full-time  Paid work part-time | | | | Unemployed (but looking for work)  Not working (**not** looking for work) | | | | | Studying full-time  Studying part-time | | Unpaid work (incl volunteering)  Caring  Parenting |
| **What is their main source of income?** | Employee salary/wages  Self-employed | | | | Government payments / pensions / allowances  Other income including superannuation and investments | | | | | | | Nil income  Not stated / inadequately described |
| **ncome amount per payment period (approx.)** | $Click or tap here to enter text. | **Income payment period** | | | | | | Weekly  Fortnightly | | | Monthly  Annually | |
| **Client Identity Confirmation -**  **Client photo ID sighted by YOU as an agency case worker** | | Licence  Passport | | | | | | Key Pass  Proof of Age Card | | | | Other: Click or tap here to enter text.  Client unable to source any identifiers |
| **\*\*Where client is unable to produce photo ID in exceptional circumstances** | | **Professional judgement to proceed with EVP application approved by your Team Leader or Manager**  Reason ID was unable to be produced: Click or tap here to enter text.  Approving Team Leader/Manager Name: Click or tap here to enter text.  Title: Click or tap here to enter text.  Contact details (Phone or email address): Click or tap here to enter text. | | | | | | | | | | |

**Part C: EVP Plan**

**Section 1: Cash Payment Information**

***Note – As per the Department of Social Services, ALL Payment Fields must be completed*** *for the payments to proceed.* ***Do not submit******Fast Track*** *forms without* ***all*** *fields complete.*

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| ***Ensuring the payments are safe***  *Please note, it is essential that you confirm the client has a safe way to receive the payments. This means that their payments cannot be intercepted or used by the Person Using Violence.*  *Example questions to ask: Is this a joint bank account? Is the bank account overdrawn? Does the person using violence have access to this bank/email/phone account?* ***Please ensure you document your checks in your own case notes.*** | | | | | | | | | | | | |
| **Cash Payment** | | | ***Fast Track* Payment Option. Up to $1500** | | | | | **Safe way for the client to receive the payments** | | | | |
| Cash  (Limited to $1500) | | **Bank transfer** | Cash transfer directly into **client’s bank account**. The bank account needs to be a safe bank account that PUV cannot access. | | | | | * Safe client BSB and Account number (to be noted below) | | | | |
| **Digital Pre-paid Cash Card** | Digital card sent to client’s mobile phone. Clients can spend funds online or at any shop. | | | | | * Safe email address for the client (as noted above), **AND** * Safe **Smartphone** mobile number for the client (as noted above) | | | | |
| **PAYMENT FIELDS – For cash it is a maximum of $1500. Please select from the drop-down options.** | | | | | | | | | | | | |
| **Current Situation and Request** | | | | | | | | | | **Future Outcomes (POST EVP PAYMENT)** | | |
| **Support Area** | **CURRENT level of impact to support area** | | | **Goal for support area** | **Goal rating for support area** | **Describe goal and purchase/s required for support area** | **Payment amount required** | | **Payment method**  **(Select drop down)** | **Goal rating**  **POST PAYMENT** | **Expected impact to support area**  **POST PAYMENT** | |
| Choose an item. | Choose an item. | | | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter amount. | | Choose an item. | Choose an item. | Choose an item. | |
| Choose an item. | Choose an item. | | | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter amount. | | Choose an item. | Choose an item. | Choose an item. | |
| **TOTAL FUNDS REQUESTED:**  Please ensure this section does not total more than $1500 | | | | | | | $ Click or tap here to enter total amount. | |
| **Client Bank Account Details (if required)** | | | | | | | | | | | | |
| **If bank transfer has been selected as a client’s preferred payment method (up to max $1500 cash), please provide client’s bank account details.**  **Names on Bank Account:** Click or tap here to enter text. **Bank:** Click or tap here to enter text.  **BSB:** Click or tap here to enter text. **Account Number:** Click or tap here to enter text. | | | | | | | | | | | | |
| I confirm that I have sighted the clients bank details and that these match their name (this is a mandated DSS requirement) | | | | | | | | | | | | **Yes** |

**Section 2: Good and Services Payment Information**

***Note – As per the Department of Social Services, ALL Payment Fields must be completed*** *for the payments to proceed.* ***Do not submit******Fast Track*** *forms without* ***all*** *fields complete.*

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| ***Ensuring the payments are safe***  *Please note, it is essential that you confirm the client has a safe way to receive the payments. This means that their payments cannot be intercepted or used by the Person Using Violence.*  *Example questions to ask: Is this a joint bank account? Is the bank account overdrawn? Does the person using violence have access to this bank/email/phone account?* ***Please ensure you document your checks in your own case notes.*** | | | | | | | | | | | |
| **Goods & Services Payment** | | | ***Fast Track* Payment Option. Up to $3500 (incl GST)** | | | | | **Safe way for the client to receive the payments** | | | |
| Good and Services (up to $3500) | | **Digital Voucher** | Digital gift card sent to client’s phone OR email address. | | | | | * Safe email address for the client (as noted above), **AND** * Safe **Smartphone** mobile number for the client (as noted above) | | | |
| **Invoice Payment** | Supplier invoice to be provided with **this EVP** application.  Please liaise with your partner agency in relation to invoice requirements. | | | | | **Note –** Whilst we work hard to minimise payment timeframes, payments for invoices and housing may take longer than 10 business days. | | | |
| **Housing** | Payments can be made for rent/bond.  Please liaise with your partner agency in relation to payment requirements. | | | | |
| **PAYMENT FIELDS - The total funding available for Goods & Services is up to $3500 (incl GST). Please select from the drop-down options.** | | | | | | | | | | | |
| **Current Situation and Request** | | | | | | | | | | **Future Outcomes (POST EVP PAYMENT)** | |
| **Support Area** | **CURRENT level of impact to support area** | | | **Goal for support area** | **Goal rating for support area** | **Describe goal and purchase/s required for support area** | **Payment amount required** | | **Payment method** | **Goal rating**  **POST PAYMENT** | **Expected impact to support area**  **POST PAYMENT** |
| Choose an item. | Choose an item. | | | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter amount. | | Choose an item. | Choose an item. | Choose an item. |
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| Choose an item. | Choose an item. | | | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter amount. | | Choose an item. | Choose an item. | Choose an item. |
| **TOTAL FUNDS REQUESTED:**  Please ensure this section does not total more than $3500 | | | | | | | $ Click or tap here to enter total amount. | |

**Part D: Declaration**

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| **Is there anything else about this application you would like to share with us?** | |
| Click or tap here to enter text. | |
| Would the client wish to participate in Family Violence related research and evaluation (this is **optional**)? | Yes No |

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| **Declaration** | | | | |
| I declare to the Department of Social Services that:   * The information contained in this form is true and accurate * The client meets the EVP Eligibility Criteria * I have confirmed the client’s identification (e.g. via sighting and documenting evidence of drivers license, passport, key pass ID etc), OR confirmed professional judgement to proceed with application with my manager and documented this above. * I have confirmed their preferred payment methods, including confirming any bank account details (such as through sighting bank account numbers) | | | | |
| **I understand and agree to the declaration above.** | | | | **Yes** |
| **I acknowledge that giving false or misleading information to the Department of Social Services via the EVP program is a serious offence.** | | | | **Yes** |
| **Name:** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. | |
| **Role title:** | Click or tap here to enter text. | | | |

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| We would appreciate hearing any feedback so that we can continue to improve this process, and the EVP program as a whole. Please provide comments here:  Click or tap here to enter text. |

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| **Please submit the completed Agency *Fast Track* application form to your local EVP network agency below.** | | |
| **State** | **Organisation** | **Email** |
| QLD | UnitingCare Queensland | [evp@uccommunity.org.au](mailto:evp@uccommunity.org.au) |
| SA | Uniting Communities | [evp@unitingcommunities.org](mailto:evp@unitingcommunities.org) |
| WA | Uniting WA | [evp@unitingwa.org.au](mailto:evp@unitingwa.org.au) |
| NT | Uniting VicTas | [evp.agency@vt.uniting.org](mailto:evp.agency@vt.uniting.org) |
| VIC | Uniting VicTas | [evp.agency@vt.uniting.org](mailto:evp.agency@vt.uniting.org) |
| TAS | Uniting VicTas | [evp.agency@vt.uniting.org](mailto:evp.agency@vt.uniting.org) |
| NSW | Wesley Mission | [evp@wesleymission.org.au](mailto:evp@wesleymission.org.au) |
| ACT | Wesley Mission | [evp@wesleymission.org.au](mailto:evp@wesleymission.org.au) |