

Orana Support Service Inc

Dubbo Homelessness & Housing Support Service for Adults & Families Wellington Dubbo **Narromine**

PO Box 1057 Dubbo NSW 2830 P: (02) 6884 2100 E: intake@oranasupport.com.au

ABN: 57 433 877 990

Consent & agreement to engage with our service

Information for client:

Staff will ask you for details about yourself and your situation. This information will provide important statistics and help us find the most suitable service to suit your needs. Your personal information is protected under law and will not be passed on to anyone without your consent.

Question for client:

To provide consent for your personal information (name, sex, date of birth and town/suburb), the date you applied for homelessness assistance and the name of this service; to be available to other government and non-government homelessness services in NSW for the period stipulated below or a maximum of one year after today's date please sign below.

Consent for the sharing of relevant Case Plans and your personal client records will also apply to the following support agencies that are not Homeless services. (cross out and initial exceptions) □ Doctor GP ■ NSW Drug and Alcohol ☐ Hospitals ☐ NSW Mental Health ☐ Financial Counsellor ■ NSW FACS ☐ NSW Community Corrections ☐ Counsellor ☐ Real Estate agents ☐ NSW Police ☐ Supporting charities ☐ Tenancy Support Agencies ☐ Community Services ☐ Public & Social Housing ☐ Centrelink/Centrepay ☐ FACS/ADHC ☐ Other services deemed necessary by OSS to assist the Case Management of your support. If all services above are ruled out Orana Support Service cannot share your personal information with services that may be able to help you. Orana Support Service supports families and is required by law to report children at risk to Family & Community Services. Please also note that CCTV coverage is located in all access points and community areas of the refuge's and offices. These camera's are in place for security reasons and your image will be recorded. Images are only saved in a permanent file in the event of an accident or incident. Please note that it is a condition of entry into our refuge's and offices that you consent to the presence of the CCTV. If you wish to engage with our service without the CCTV presence, this can be arranged by phone and meetings external to our premises. client name (please print) date signature This consent will cease after 12 months or on ____/ ____/ ___