Expression of Interest Form

This Expression of Interest (EOI) form is used to assess eligibility for entry into the Services Our Way (SOW) program.

**Background**

SOW provides culturally appropriate service coordination, support and capacity building for Aboriginal and Torres Strait Islander people and families experiencing vulnerability.

SOW works collaboratively with lead agencies and/or the referring organisation to advocate for and support clients’ connection to other services, rather than replicating them. This approach helps to strengthen the existing service sectors’ capacity to engage with and work alongside Aboriginal and Torres Strait Islander people and families experiencing vulnerability, enabling them to achieve the best possible health and wellbeing outcomes.

SOW is delivered by the Aboriginal Housing Office (AHO), a statutory body within the Department of Planning, Industry and Environment (DPIE).

**Next steps**

Please note that the submission of this EOI does not automatically guarantee entry into the SOW program. The information contained in this EOI will help determine the eligibility and level of risk of your client, so please answer the questions with as much detail as possible.

Depending on the case, you may be asked to provide additional information including:

* client case notes, including detailed background information, identified risks and concerns
* a verbal background briefing about the client
* confirmation of Aboriginality
* income statement

EOI to SOW can be made by individuals, carers, family or service providers. Please email this completed EOI to **sowenquiries@aho.nsw.gov.au** You will receive a response within:

* two working days by email to acknowledge that we have received this EOI
* 10 working days by email or phone to inform you of your eligibility

**Privacy and consent**

In agreeing to submit this EOI to SOW, and consenting for SOW to contact the person (client) listed in this EOI form, the client understands that:

* The information provided in this EOI is voluntary and will be collected and stored by SOW and AHO on secure IT systems to determine eligibility and level of risk
* The information provided in this EOI will be shared within DPIE (which includes AHO) for research and evaluation purposes
* They can access their own information and may request amendment, update or correction through contacting SOW or AHO. AHO’s mailing address is:

DPIE

Attention: Aboriginal Housing Office, Services Our Way 4PSQ, Level 5

Locked Bag 5022,

Parramatta, NSW, 2124.

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| --- | --- |
| **Consent** | **Has SOW been explained to the client?** Yes  No  |
| EOI cannot be accepted unless consent has been given by the client | **Has the client consented to this EOI?** Yes  No  |
| **Does the client consent to SOW contacting them?** Yes  No  |
| **Does the client consent to SOW contacting other services working with them** Yes  No  |
| **Date of EOI** |  |
| **Client name** |  |
| **Date of birth** |  |
| **Gender** | Male  |  Female  | Prefer not to say  | Prefer to self-describe:  |
|  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Cultural Identity** | Aboriginal  Torres Strait Islander  Both  Neither  |
| **Can client provide Confirmation of Aboriginality?** | Yes  | No  |  |  |
| **No. of people living in the house** |  |
| **Name and D.O.B of all people living in the house** |  |

|  |
| --- |
| **Primary reason for EOI (SELECT ONLY ONE)** |
|  | Stable housingHabitable housingViolence/domestic violenceMental healthGeneral healthAlcohol or other drugsFinancial management (budgeting) | Employment relatedFamily relationships/child relatedSocial/community participationSchool educationFurther educationTransportDisability |
|  | Other (please state reason below): |
| **Referring organisation** |  |
| **Name of referrer** |  |
| **Email** |  |
| **Phone** |  |
| **Lead agency**(if applicable) |  |

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| --- |
| 1. **Are the client/s a social housing tenant residing in a house with a current:**
	1. **notice of termination?** Yes  No  Unknown  Not Applicable
	2. **specific performance order?** Yes  No  Unknown  Not Applicable
 |
| 1. **Does the client/s have a:**
	1. **case plan?** Yes  No  Unknown  Not Applicable

If Yes, how many children are under the case plan?* 1. **Risk of Significant Harm (ROSH) report filed for a child/children?**

Yes  No  Unknown  Not Applicable If Yes, how many children are under the ROSH report? |
| **3. Are the client/s currently in Out of Home Care (OOHC)?**Yes  No  Unknown  Not Applicable  |
|  |
| **Risks or areas of concern for worker safety** |
| **1. Does the client have a probation order in place?**Yes  No  Unknown  Not Applicable 1. **Does the client have an AVO in place against them?**

Yes  No  Unknown  Not Applicable 1. **Does the client have an AVO in place against someone?**

Yes  No  Unknown  Not Applicable  |
| **Environmental Risks** | **Personal Risks** |
| Vicious animalFirearms/WeaponsHouse in poor conditionSharps sightedIsolated dwellingBiological hazard | Violence or aggressionDrug or substance abuseMental illness |
| Other: | Other: |

# EOI Background information

Support from SOW will be determined based on the following information. Please provide as much detail as possible.

# Please explain and detail the current situation being faced by the client.

**What support and/or services have been provided to date? What is currently being provided and for how long?**

# EOI Background information

Support from SOW will be determined based on the following information. Please provide as much detail as possible.

# What are the identified support gaps/perceived risks?

**What outcomes from SOW are you seeking for your client?**