

REFERRING AGENCY

Organisation:

Phone:

Postal address:

Case Manager Name:

Case Manager Phone:

Case Manager Email:

TEAM LEADER ENDORSEMENT

Team Leaders, before signing endorsement and submitting application, please ensure that the following criteria have been addressed (please tick each box).

The client has a current case management plan in place that addresses their safety, health, and wellbeing needs, and those of any dependents;

The provision of this FSP aims to reasonably meet goals identified in the case plan;

The client will be supported by the referring Case Manager / agency for the duration of the FSP provision;

The client has provided informed consent for The Salvation Army to liaise with external providers for the purposes of delivery and payment of approved items, and to collect non-identifiable data for DHHS reporting purposes;

Any appeals of FSP outcomes must come from Team Leaders (appeals from Case Managers or clients will not be accepted and will be directed back to Team Leaders).

Name:

Position:

Phone:

Email:

Date of Endorsement:

Signature:

If unable to add digital signature, please print and scan this page as a separate PDF.

SUBMISSION

For submission of completed FSP application (and any supporting documents) or for further enquiries please email: FSPapplications@aus.salvationarmy.org