

## FRMP Consumer Consent Form

FRMP brokerage is available for young people 16–25 years, who are at risk of/ or experiencing homelessness (either newly homeless or homeless for extended periods of time).

FRMP brokerage is allocated to assist you to:

- stay or return home, if safe and appropriate
- connect or reconnect with family, significant others or community
- recover from family conflict and breakdown
- build on your capacity to create 'families of choice'.

Your support worker has submitted an application for you to access one of the following services below:

Services	Content
<b>Individual counselling</b>	A total of 10 sessions of individual counselling, family mediation, arts therapy, music therapy or psychological assessment.
<b>Family mediation</b>	10 sessions with a family mediator who can assist you and your family to try to work out any issues that you are having with each other.
<b>Group work</b>	Assist you to participate in a Group Work project.
<b>Respite care</b>	Assist you to help pay for food and other costs so that you can stay with a close family member or significant other for up to two weeks, as discussed with your support worker.
<b>Discretionary funding</b>	Assist you to attend the above services, i.e. childcare costs, transport, interpretation costs or psychological assessment.

In order for us to better assist you and to continue to develop this program, we will need to collect some of your personal information for assessment and to process this application. This information will help FRMP assess whether you are eligible for the services above. FRMP also has to report each year on how many young people have been assisted with these funds. FRMP will not disclose your name or any identifying details about you to anyone.

If you are granted FRMP brokerage to access one of the services above, FRMP will stay in touch with your support worker to find out whether the services above have been useful. You will also be asked to provide some feedback on whether you found the services beneficial.



family reconciliation  
mediation program



If you agree to have your information shared with FRMP, please sign the consent form below.

### Written Consent

My worker and I have discussed the information that has been provided to the FRMP Program, to assist them to decide whether FRMP brokerage will be granted, so that I can access counselling, group work, respite care or family mediation.

I understand that this information will not be used for any other purpose and I give my permission for information to be shared as appropriate.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Worker: \_\_\_\_\_

### Verbal Consent

#### Worker Use Only

**Verbal consent should only be used where it is not practical to obtain written consent.**

I have discussed the proposed brokerage submission with the young person. I am satisfied that the young person understands the proposed uses and disclosures, and has provided their informed consent to apply.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Worker: \_\_\_\_\_