

Therapeutic Interventions Application Form

Please ensure you save this form to your computer prior to filling your details.

Part A: Requirements

Please read **Part A** carefully before you proceed with the application and remember to contact FRMP should you require assistance / support.

- The young person is aged 16 to 25 years old and is at risk of or is experiencing homelessness. **You can only apply for one application per financial year**
- FRMP will fund 10 individual therapeutic sessions
- Practitioner must be selected from the FRMP register
- The worker is responsible for contacting the practitioner and FRMP if the young person disengages because **FRMP pays for unattended sessions.**
- The young person must commence the sessions within 3 months of the date of approval
- The worker must inform FRMP staff and practitioner if they discontinue case managing the young person.
- **Evaluation is compulsory when the 10 sessions are completed (please ensure that it includes feedback from the Private Practitioner and the young person).**

1 Has this young person accessed FRMP funding for a therapeutic intervention before?

No

Yes → when: _____ (Please note: one application per financial year)

Part B: Details of support worker

2 Please fill in the details of support worker below

Organisation		
Program		
Name of Worker		
Job Title		
Office Phone / Mobile		
Work Email		
Work Address		
	Suburb:	Postcode:

Part C: Details of young person

3 Name:

4 Date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

5 Age:

6 Gender: Male Female X

7 Current living arrangement: (who does this young person live with?)

- Immediate family
- Extended family
- Other group

8 Type of accommodation:

- | | |
|--|---|
| <input type="checkbox"/> Living at home | <input type="checkbox"/> Living with extended family or friends |
| <input type="checkbox"/> Emergency accommodation | <input type="checkbox"/> Public or community housing |
| <input type="checkbox"/> Transitional housing | <input type="checkbox"/> Boarding/rooming house |
| <input type="checkbox"/> Private rental | <input type="checkbox"/> Motor vehicle |
| <input type="checkbox"/> Rough sleeping | |

9 Length of homelessness:

- Currently residing at home but at risk of homelessness
- Up to 3 months
- 3 months to 1 year
- Over 1 year

10 Cultural identity:

- Australian
- Aboriginal/Torres Strait Islander
- CALD - Please state the culture the young person identifies with

Part D: Client Case Plan (compulsory)

Funding is allocated to assist the young person to:

- Overcome barriers related to past and or present trauma
- Explore options for family reconciliation
- Reconnect with family, culture and community

Please provide details of how FRMP funding will support the young person’s case plan for reconciliation, including any goals that identify longer term strategies.

11 Please indicate below which of the following therapeutic intervention you are applying for on behalf of the young person:

Select one intervention and proceed to **Part E**

- | | |
|---|--|
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Music therapy |
| <input type="checkbox"/> Individual counselling | <input type="checkbox"/> Equine therapy |
| <input type="checkbox"/> Family mediation | <input type="checkbox"/> Outdoor education |
| <input type="checkbox"/> Arts therapy | |

Part E: Discretionary funding to support young person to attend sessions

12 Does the young person require discretionary funding?

- No
- Yes → please specify below: *(Upon the approval of the application, FRMP can either pay the discretionary cost directly or reimburse the support worker's agency. Please contact FRMP for more details.)*

- Travel (only available in rural Victoria) → please provide details:
- Childcare: → please provide details:
- Interpreting services: → please provide details:
- Other → please provide details:

13 Name of the Private Practitioner selected from the FRMP Register:

Please note: FRMP will only fund ten sessions for each financial year

FRMP brokerage for a therapeutic intervention application checklist (compulsory)

14 Please read and make sure you have fulfilled the criteria and understand your responsibilities:

- I have provided the relevant part of the case plan goals for this young person
- I will provide an evaluation at the end of the intervention
- I will contact FRMP if any of the following occurs:
- The young person ceases attending the intervention
 - The intervention has not started within a month after the approval date

Date:

Day	Month	Year

How to send the form

Please email this completed form to frmp@mcm.org.au with supporting documents

Clear Form