

# APPLICATION FORM



**ACT**  
Government  
Community Services

## Safer Families Assistance

### Before you start

This is an application for Safer Families Assistance from the ACT Government. Safer Families Assistance is available to eligible people seeking to establish or re-establish a family home following the experience of domestic and family violence. To be eligible you need to show you:

- ❑ are at least 16 years of age; and
- ❑ have been referred by a service operating in the Territory that works to address family violence.  
Service providers include:
  - a general practitioner
  - a police officer
  - a social worker (including from a religious institution)
  - an officer from a specialist housing and homelessness provider
  - a medical professional
  - a Child Youth and Family protection officer

If you think your income is over the income eligibility threshold, please discuss your circumstances with an Officer from Housing ACT, or ask your referring agency/person to discuss your circumstances as you may be eligible for an exemption.

Further information about Safer Families Assistance is available in the factsheet at [http://www.communityservices.act.gov.au/hcs/publications/fact\\_sheets](http://www.communityservices.act.gov.au/hcs/publications/fact_sheets) or in hardcopy at **GATEWAY SERVICES** at **NATURE CONSERVATION HOUSE, 153 EMU BANK, BELCONNEN.**

Referral information			
1	Referring Agency/Person (please write name of referring agency and name of person making the referral):	Please note: Housing ACT may confirm the referral with the person or agency making the referral. The person you refer must be seeking to establish or re-establish a family home following the experience of domestic and family violence.	
Bank account details (for payment of Safer Families Assistance)			
2	Account Name:	BSB:	Account Number:
Please note it takes approximately 10 working days to process applications for assistance			
Applicant information			
3	Your full name		
4	Your mailing address Payment advice will be mailed to this address unless you specify an email address at question 5	..... ..... .....	

5	Your email address Shared Services will email remittance advice to this email address, otherwise it will be mailed to your mailing address													
6	Your date of birth If you are under 18, one of your proof of identity documents must include your photo and DOB	..... / ..... / .....												
7	Your contact details	(Ph) .....												
8	Your income details (before tax)  *Interest/dividend information is only required if you earned more than \$100 in interest or dividends in the previous financial year.	<table border="1"> <thead> <tr> <th>Type</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Salary/Wage</td> <td>\$..... Weekly / Fortnightly/Monthly / Annually</td> </tr> <tr> <td>Interest/Dividends*</td> <td>\$..... Monthly / Annually</td> </tr> <tr> <td>Centrelink</td> <td>\$..... Fortnightly / Annually</td> </tr> <tr> <td>Family Assistance</td> <td>\$..... Fortnightly / Annually</td> </tr> <tr> <td>Other</td> <td>\$..... Weekly / Fortnightly/Monthly / Annually</td> </tr> </tbody> </table>	Type	Amount	Salary/Wage	\$..... Weekly / Fortnightly/Monthly / Annually	Interest/Dividends*	\$..... Monthly / Annually	Centrelink	\$..... Fortnightly / Annually	Family Assistance	\$..... Fortnightly / Annually	Other	\$..... Weekly / Fortnightly/Monthly / Annually
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Family Assistance	\$..... Fortnightly / Annually													
Other	\$..... Weekly / Fortnightly/Monthly / Annually													
9	Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer												
10	Number of dependents in your household													
<b>Official use only: Decision – to be completed by Housing ACT</b>														
	Is the application for Safer Families Assistance approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of decision: Name of decision maker:												

Please note it is against the law to make false or misleading statements to the Territory to obtain a benefit.

Signature of Applicant

.....

Date

..... / ..... / .....

## For safer families assistance – Application form

**Privacy Notice**

Housing ACT is obliged to handle your information in accordance with the Privacy Principles set out in the *Information Privacy Act 2014*. We explain how your personal information is collected, used, shared, stored, accessed and corrected in our privacy policy:

[http://www.communityservices.act.gov.au/home/full\\_privacy\\_statement/](http://www.communityservices.act.gov.au/home/full_privacy_statement/).

The information you provide in this form will be used to assess your Safer Families Assistance eligibility and for statistical purposes. If you do not consent to supply us with this information we may not be able to assess your Safer Families Assistance eligibility. Housing ACT will not use or disclose your personal information without your consent, unless required by law, or if you would reasonably expect us to use or disclose the information for a related purpose. If you believe that your personal information has not been handled appropriately, or that we have breached the Privacy Principles you can contact us at [CSD.Privacy@act.gov.au](mailto:CSD.Privacy@act.gov.au) or (02) 6207 6547 to lodge a complaint.

## For the safer families assistance application form – Evidence Requirements

**Proof of Identity**

Please provide **100 POINTS** of identification for each applicant:

Birth certificate	70 points
Citizenship certificate	70 points
Residential visa	70 points
Passport	70 points
Drivers licence	70 points
Government issued ID card (with seal or hologram)	70 points
Centrelink/Pension card	30 points
Tertiary institution (e.g. University) ID card	30 points
Credit/debit/ATM card (one per institution only)	30 points
Marriage certificate	30 points
Medicare card	30 points
Vehicle registration	30 points

**Proof of Income**

Please provide for each applicant:

- SALARY OR WAGES** – your PAYG Payment Summary for the previous financial year, or your last month's pay-slips.
- INTEREST OR DIVIDENDS** – an official statement advising of total amount of interest/dividends earned in last financial year.
- CENTRELINK OR FAMILY ASSISTANCE OFFICE PAYMENTS** – an official statement/letter from the Department of Human Services, or signed authority to receive a Statement of Income (attached).
- OTHER** – an official statement/letter from the income source, including (where possible) a company logo and ABN/ACN, the gross income received and frequency of income provided.

**Application for Safer Families Assistance – to be completed by Housing ACT upon request**

Business Stamp	Name of applicant(s):	
	Date of receipt:	
	Application number:	



## Consent for Centrelink to provide a Statement of Income

I hereby authorise Housing ACT to perform a Centrelink enquiry of my customer details and concession card status using the Centrelink Confirmation eServices for the purpose of confirming the income information contained in the Safer Families Assistance application.

I authorise the Department of Human Services (the Department) to provide the results of that enquiry to Housing ACT electronically.

I understand that the Department will disclose personal information to Housing ACT, including:

- the type and amount of pension or allowance payments Centrelink make to me;
- the number of dependent children used to assess any family payments;
- details of any other income I have told Centrelink about, e.g. overseas pensions, child maintenance, returns on investment and wages/salary.

These details will be used by Housing ACT to determine if I am eligible for Safer Families Assistance, and for de-identified statistical purposes. My consent is limited to providing information for this purpose only.

I understand that:

- I will be able to obtain a written copy of the statements provided by the Department to Housing ACT at any time;
- this consent, once signed, remains valid while the Safer Families Assistance application is active, unless advice is provided to Housing ACT or the Department that consent has been withdrawn;
- in the event that consent is not provided or is withdrawn, confirmation of income information can be obtained directly from the Department and provided to Housing ACT so that eligibility for Safer Families Assistance is able to be determined; and
- if consent is withdrawn or alternate proof of income information is not provided, approval of the Safer Families Assistance application by Housing ACT may not be possible.

Applicant

Full Name:
Centrelink CRN:
Signature .....
Date ..... / ..... / .....

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The information you provide will be used to assess your application for Safer Families Assistance and for statistical purposes. If you do not consent to supply us with this information we may not be able to assess your application. Housing ACT will not use or disclose your personal information without your consent, unless required by law, or if you would reasonably expect us to use or disclose the information for a related purpose. If you believe that your personal information has not been handled appropriately, or that we have breached the Privacy Principles, you can contact us at [CSD.Privacy@act.gov.au](mailto:CSD.Privacy@act.gov.au) or (02) 6207 6547 to lodge a complaint.



## Safer Families Assistance

### Optional Consent Request

#### Purpose of this Request

In the future, Housing ACT may want to seek your views about how this program has assisted you, including any feedback you might have on how the program could be improved. The reason for this is to understand how we can best ensure more people and families receive the help they need to be safe.

Please complete this form if we can contact you in 12 to 18 months to ask you if you would like to participate in an evaluation of this program. Your details will not be shared with a third party without your explicit consent – completing this form will only enable officers from Housing ACT to contact you to ask if you are willing to participate in a future evaluation of this program. Any information you provide in a future evaluation will be de-identified.

#### Client Information

Given names:

Surname:

I agree to be contacted by an officer from Housing ACT for the purpose of requesting my participation in an evaluation of the Safer Families Assistance program:

No

Yes

If you have ticked 'yes', please provide your preferred contact number:

Client signature:

Date:

#### Privacy Notice

Housing ACT is obliged to handle your information in accordance with the Privacy Principles set out in the *Information Privacy Act 2014*. We explain how your personal information is collected, used, shared, stored, accessed and corrected in our privacy policy:

[http://www.communityservices.act.gov.au/home/full\\_privacy\\_statement/](http://www.communityservices.act.gov.au/home/full_privacy_statement/).

The information you provide in this form will be used to for statistical purposes and to contact you for the purpose of an evaluation of the Safer Families Assistance program if you have provided consent for an officer of Housing ACT to do that. Housing ACT will not use or disclose your personal information without your consent, unless required by law, or if you would reasonably expect us to use or disclose the information for a related purpose. If you believe that your personal information has not been handled appropriately, or that we have breached the Privacy Principles you can contact us at [CSD.Privacy@act.gov.au](mailto:CSD.Privacy@act.gov.au) or (02) 6207 6547 to lodge a complaint.