

National Psychosocial Services  
Package Request for Flexible Funding Brokerage

How to access the program  
NB. There are three distinct referral/request processes: 1) Referral to SEMPHN, 2) Package Request from First Step, 3) Item Payment Request from First Step.

1. Collate the following assessment materials (for the SEMPHN referral):
   1. Life Skills Profile – 16 (LSP 16)
   2. Kessler Psychological Distress Scale 10 (K10)
   3. Camberwell Assessment of Need, CANSAS.
2. Fax SEMPHN’s own referral form *Mental Health Referral – National Psychosocial Services Flexible Funding Brokerage* to SEMPHN: 1300 354 053. Contact First Step or SEMPHN for a copy of this form.
3. Await confirmation on eligibility from SEMPHN, then:
4. Apply for a Flexible Funding Brokerage package by emailing this form to Lauris Hanlon at First Step: [lauris@firststep.org.au](mailto:lauris@firststep.org.au)

When the package has been approved:

1. email the *FFB Item Request Form* to Lauris for approval/payment of individual items (eg. Swimming lessons).
2. Follow up contact between you (worker) and First Step NPS staff is essential as this is a collaborative process between participant, mental health worker and NPS worker.

Packages will not be approved unless . . .  
Packages will not be approved unless they aim to achieve or support at **least one** of the following objectives:

Empower the client to manage their mental illness.

Improve and manage family connections

Increase social connections to people and the community

Educational and Training goals (eg: fees and materials for study)

Maintaining physical wellbeing including exercise.

Further information is available on the SEMPHN or First Step websites. Please do not hesitate to contact the NPS team at First Step to discuss this program.

Please tick

I (the worker detailed below) have read the above instructions and confirm that this package aims to support/achieve at least one of the objectives listed above.

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| --- | --- | --- | --- | --- |
| **PARTICIPANT DETAILS** | | | | |
| Participant’s Name: | DOB: | | SEMPHN/ Episoft #: | |
| Participant’sLocalarea;  City of Port Philip  City of Stonington  City of Glen Eira  City of Bayside | (tick one only) | | **Package Requested:**   (tick one only)  small $1,500  medium $2,000  Large $3,000 | |
| Treatment Plan:  (Please describe the medium to long-term goals of psychosocial treatment for this participant, and the need for an FFB package) | | | | |
| LSP-16 Score: | | K10 Score: | | CANSAS Score: |
| **DETAILS OF SUPPORT PERSON/ORGANISATION** | | | | |
| Organisation name: (eg. First Step): | | | | |
| Worker Name: | | | | |
| Worker Email Address: | | | | |
| Worker Phone Number: | | | | |

Please Complete form and email to [lauris@firststep.org.au](mailto:lauris@firststep.org.au) either scanned (filled in by hand), as a Word document, or saved as a pdf.