



# NORTH COAST PARTNERS IN RECOVERY (NCPIR) APPLICATION FORM



Australian Government  
Department of Health

*Instructions: Please complete all sections and ensure you sign the consent section.*

**PLEASE NOTE: PIR IS NOT DESIGNED TO HELP WITH EMERGENCY OR CRISIS SITUATIONS**

*Please read the Information Sheet before applying.*

## 1. Program Criteria *All five inclusion criteria must be met*

**Do you currently:**

- Yes  No have severe mental health issues that have significantly impacted your health and wellbeing over time?
- Yes  No have unmet needs that require multiple supports?
- Yes  No need help to coordinate these supports?
- Yes  No live in the NCPIR region (Port Macquarie to Tweed Heads)?
- Yes  No give your consent to participate in the program?

National Disability Insurance Scheme (NDIS) also requires that you are under 65 years of age and either an Australian Citizen or hold a permanent visa or special protected visa

Do you meet these criteria?  Yes  No

## 2. Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female  Intersex  Transgender  Gender Diverse  Prefer not to disclose

Do you require assistance with or special consideration for:  Reading/Writing  Vision Impairment  Hearing Impairment

What are your current living arrangements:  Homeless  Staying with family/friends  Secure Tenancy

Other Please Specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred method of contact:  Phone call  SMS  Email

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Has PIR helped you before?  Yes  No If yes, where? \_\_\_\_\_

## 3. Cultural Background

Do you identify as:  Aboriginal  Torres Strait Islander (TSI)  Neither  Both  Unsure

Country of Birth: \_\_\_\_\_

Do you speak a language other than English?  Yes  No Do you need an interpreter?  Yes  No

If yes, what language(s) \_\_\_\_\_

## 4. Income

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What is your current source of income:

- Disability Support Pension     Newstart     Other Centrelink Payment    Please specify: .....
- Paid Employment     Self-Employment     DVA     Other Income    Please specify: .....

Are you a National Disability Insurance Scheme (NDIS) participant?     Yes     No

## 5. Health

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What is the primary mental health illness you are experiencing? .....

How long have you been experiencing this? .....

Do you have a diagnosis?     Yes     No    Please specify: .....

Are alcohol and other drugs impacting on your wellbeing?     Yes     No

Do you access a clinical mental health service provider, such as a Case Manager, Psychologist or Psychiatrist?

Yes     No     Unsure    If yes, please give details below

Name: ..... Organisation: ..... Phone Number: .....

Please list any other services that you are currently engaged with (if any)

Service Name	Contact Person	Phone Number	Can PIR Contact?
.....	.....	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	.....	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	.....	.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. Safety & Wellbeing

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Have you made a plan with any other services for managing safety?     Yes     No    If yes, please provide details below:

Who can we talk further to about this?    Name ..... Phone Number: .....

*A Support Facilitator will clarify/discuss your personal wellbeing or self-care plan with you further when they call*

## 7. How can PIR help?

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What's getting in the way of your recovery at the moment?

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How can NCPiR best assist you?

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## 8. Supports

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Are there family and kinship structures you would like involved in your support?     Yes     No    Yes, please tell us who to involve:

Name: ..... Phone Number: .....

Relationship: ..... Email: .....

## 9. Referrer Details

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Contact details of the person supporting you to complete this application (if applicable):

Name: ..... Agency/Service (if applicable) .....

Relationship to applicant: .....

Phone: ..... Email: .....

Are there any special considerations PIR will need to be aware of?  Yes  No If yes, please specify:

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## 10. Consent

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**Do you:**

Yes  No give consent to be involved in the NCPIR program?

Yes  No give consent to share the above information with a Support Facilitator so they can contact you to discuss eligibility?

Yes  No have a willingness to participate in the PIR program?

Sign: ..... Date: ..... / ..... / .....

**Thank you for completing this application.**

Please email the form to [PIRintake@missionaustralia.com.au](mailto:PIRintake@missionaustralia.com.au), mail to PO Box 396, Sawtell NSW 2452 or fax to 02) 6658 7963. You can also complete this form online at <http://www.pirnorthcoast.com.au/>. No further information is required from you at this stage. Your application will soon be assessed and a PIR staff member will be in contact with you.

**Please call 1800 022 066 with any further enquiries.**

North Coast PIR is committed to ensuring that each person's right to privacy and confidentiality is promoted, respected and upheld and that open and transparent process are established for the collection, management, storage and disclosure of information. More information about Mission Australia's Privacy Policy can be found at: <https://www.missionaustralia.com.au/privacy-policy>

*PIR North Coast NSW is a consortium led by Mission Australia and including:  
The Buttery, Galambila Aboriginal Health Service, Anglicare North Coast, CHESS, and New Horizons.*