TEI Sector Assistance Strategy

Individualised Support Stage 3 (December 2020)



Request for individualised support

- If completed by the DCJ District Commissioning and Planning team (in agreement with & on behalf of TEI Service Provider), please Cc the TEI provider when submitting to NCOSS.
- If request is initiated by TEI Service Provider, we recommend working with your CPO/district on questions 7 & 11 (NCOSS will do this for you if left blank). Please Cc your CPO when submitting.
- Either way, please email the request to: teiassist@ncoss.org.au

A) ABOUT THE TEI SERVICE PROVIDER						
Date of request:						
-	Organisation/TEI service provider					
2) E	Business address					
3) [OCJ district					
Ċ	TEI service provider contact person during support period	Name: Position:			Phone: E-mail:	
5) T	TEI funding	TEI-funded service/s relevant to this request:				
B) ABOUT THE DCJ DISTRICT LINKED TO THIS REQUEST						
, (OCJ officer e.g. CPO/ Commissioning & Planning Officer)	Name:	Positio	tion:		Phone: Email:
C) ABOUT THE REQUEST						
The request will focus on support that TEI-funded services would need in order to achieve a specific Milestone or 'significant change' that was identified as a result of the contracting process.						
7) V t					9) Is there a preferred TEI Individualised Support (IS) agency from the current list of <u>IS panel</u> members? If so, please specify.	
					10) IMPORTANT:	
8) For DEX set up support only - please select all that apply: MyGov ID set up \Box					For Aboriginal Community Controlled Organisations, is an Aboriginal support provider preferred?	
RAM set up \square					Note: If the nature of request is	
Outlet set up					•	arily around DEX access and p (per #8 list), NCOSS might
Cases and Sessions set up						to an available non-
System to System transfer						iginal provider. Is this
Other					accep	otable?

D) IMPORTANT

DCJ District Officer (or NCOSS in consultation with DCJ) to provide info for this section.

11) PACKAGE ALLOCATION:

What is your recommended number of hours for this request (based on the 'significant change', and in relation to other district priorities). Please specify either 10 or 20 hours: _____

12) **ENTRY INTERVIEW** (optional):

Districts are invited to fill out the <u>entry interview form</u> to provide context for this request to the Individualised Support agency. If the District chooses to complete the Entry Interview, please submit to NCOSS along with this request form.

What next? Please refer to Flowchart for more information. Queries to telassist@ncoss.org.au