



About this form

This form should be used by asylum seekers to apply for SRSS. If you are not sure if you are eligible for SRSS services, you should first contact an SRSS Provider who will discuss your circumstances with you and conduct a preliminary assessment on your eligibility for SRSS under the programme. This form must be completed with an SRSS Provider.

About the SRSS programme

The SRSS programme is administered by SRSS Providers on behalf of the Department of Home Affairs (the Department). The SRSS programme provides support and assistance to people as they seek to resolve their immigration status and also to those who have resolved their immigration status and are transitioning to mainstream services in the Australian community. Services may include the provision of access to accommodation, facilitating access to physical and mental health care, financial assistance, and other appropriate support mechanisms.

SRSS eligibility criteria

To be eligible for SRSS you must be a non-citizen in the Australian community (who is not in immigration detention) who is assessed by the Department as requiring needs based support services to assess a specific barrier which may be preventing departure from Australia or resolution of immigration status.

Additional services may also be provided to those who need assistance to depart Australia and are being managed on a final departure Bridging visa E (BVE).

Eligible SRSS recipients must demonstrate they:

1. have an unresolved immigration status and engage with the Department in resolving their immigration status:
 - a departmental primary decision
 - an independent merits review decision of a primary refusal
 - a final decision as per the fast track process
2. have inadequate support in the community to manage independently
3. are disadvantaged by one or more of the prescribed vulnerabilities below and as a result are unable to support themselves or manage independently and face barriers to resolution of their immigration status:
 - a mental health condition which has been diagnosed by a qualified mental or qualified medical practitioner;
 - an elderly person who is unable to manage independently;
 - a minor or unaccompanied minor at risk of harm;
 - a parent or guardian of a minor at risk of harm;
 - a person who is suffering from the effects of torture and trauma that has been diagnosed by a qualified practitioner. A qualified practitioner includes a doctor, psychologist, psychiatrist or qualified torture and trauma counsellor;
 - a person who has suffered a significant event outside their control.

Family means the relatives with whom you live, or usually live. They include:

- your partner (spouse or de facto partner) including if they are Australian citizens or permanent residents;
- any children who are under 18 years of age;
- other relatives (such as adult child, brother, sister, aunt, uncle, niece, nephew, grand-child, grand-parent or cousin).

The SRSS application process

You should only complete this form if an SRSS Provider has conducted a preliminary assessment of your circumstances and told you that you may be eligible for assistance under the SRSS programme.

Once you have completed this form with an SRSS Provider and attached the supporting documentation, the SRSS Provider will forward this completed form to the Department for assessment via the Service Provider Portal.

It is important that you fully complete this form, and attach the documentary evidence as detailed in the *Document checklist*. Missing information and failure to provide supporting documentation may result in an invalid application.

You must also complete the following forms and include them with your application:

- Form 1450 *Status Resolution Support Services Programme Privacy notice and consent* available from the Department's website www.homeaffairs.gov.au/allforms/
- Form 1448 *Status Resolution Support Services Programme Debt agreement* available from the Department's website www.homeaffairs.gov.au/allforms/

You should ensure that you read and understand form 1442i *Privacy notice* before completing this form.

Form 1442i is available from the Department's website www.homeaffairs.gov.au/allforms/ or offices of the Department.

SRSS application assessment and decision

Once the Department has received this completed form, the Department will assess your circumstances against the SRSS eligibility criteria. The Department will use all relevant information available and contained in this form and the supporting documentation provided.

If the applicant is found to have satisfied the eligibility criteria for SRSS services, the Department will advise the SRSS Provider of the timeframe and expectations of the Department of what goals and milestones are to be met during this period of the recipient being located into the SRSS programme.

Once the Department has notified the SRSS Provider of a decision on your application, the SRSS Provider will then notify you of the outcome of your application.

Your other options

If you are thinking about returning home you might be eligible for some assistance to depart Australia. You can talk to an immigration officer or the International Organisation for Migration (IOM) at any time to discuss your options. The type of assistance you will receive varies depending on your individual circumstances.

IOM provides returns services for people choosing to return home voluntarily. This assistance is available to eligible people through IOM's Assisted Voluntary Return (AVR) and Reintegration Assistance (RA) programmes. You can talk to IOM about its returns services at any stage of your immigration process. IOM will be able to discuss your options and help you understand what type of assistance you may be able to receive.

More information about returns assistance is available on the website www.iomaustralia.org

Consent to communicate electronically

The Department may use a range of means to communicate with you. However, electronic means such as fax or email will only be used if you indicate your agreement to receiving communication in this way.

To process your application the Department may need to communicate with you about sensitive information, for example, health, financial viability and personal relationships. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with.

If you agree to the Department communicating with you by electronic means, the details you provide will only be used by the Department for the purpose for which you have provided them, unless there is a legal obligation or necessity to use them for another purpose, or you have consented to use for another purpose. They will not be added to any mailing list.

The Australian Government accepts no responsibility for the security or integrity of any information sent to the Department over the internet or by other electronic means.

Note: Electronic communication is the fastest means of communication available and the Department prefers to communicate electronically because this results in faster processing.

About the information you provide in your application

The information you provide in this form is used to assess your eligibility for SRSS services and may be sent to Australian Government agencies including the Department of Human Services for verification of your income and/or entitlements. The information you provide may also be used for the purpose of a visa application decision.

Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*.

Form 1442i is available from the Department's website www.homeaffairs.gov.au/allforms/ or offices of the Department. You should ensure that you read and understand form 1442i before completing this form.

Home page **www.homeaffairs.gov.au**

General enquiry line Telephone **131 881** during business hours in Australia to speak to an operator (recorded information available outside these hours). If you are outside Australia, please contact your nearest Australian mission.

Please keep these information pages for your reference



Application for Status Resolution Support Services (SRSS)

Please open this form using Adobe Acrobat Reader.
Either type (in English) in the fields provided or print this form
and complete it (in English) using a pen and BLOCK LETTERS.

Tick where applicable

1 Name of SRSS Provider completing this application

2 Client ID

Personal details

3 Your full name
Family name

Given names

4 Other names you are, or have been, known by
(including name at birth, previous married names, aliases)

5 Sex Male Female

6 Date of birth

Day	Month	Year
/	/	

7 Nationality

8 Your current residential address

 Postcode

9 Address for correspondence
(If the same as your residential address, write 'AS ABOVE')

 Postcode

10 Your telephone numbers

Office hours (Area code)

After hours (Area code)

Mobile/cell

11 Do you agree to the Department communicating with you by fax, email, or other electronic means?

No

Yes ▶ Give details

Fax number (Area code)

Email address

12 Do you need an interpreter to communicate with the Department?

No

Yes ▶ Which language

13 Have you worked during the past 3 months?

No

Yes ▶ Give details

Name of employer

Address of employer

 Postcode

Contact person for enquiries

Name

Telephone number

Office hours (Area code)

Gross fortnightly earnings (wages, salary)

 AUD

Date stopped working (if applicable)

Day	Month	Year
/	/	

14 Are you and your family arranging to depart Australia?

No

Yes ▶ Expected date of departure

Day	Month	Year
/	/	

15 Do you have a mental health condition or physical health condition precluding you from work or overseas travel?

No

Yes ► Give details

Your health condition(s)

Expected date of recovery

Day Month Year

 / /

16 Are you the primary carer for someone in need of full-time care support?

No

Yes ► Give details

1. Name of person receiving support

Family name

Given names

Relationship to you (eg. child, brother)

Type of support given

Amount/value of support (eg. hours per week, cost of care given)

Can this person receive support from an alternative source?

No ► Why not?

Yes

Is this a long term arrangement?

No

Yes

2. Name of person receiving support

Family name

Given names

Relationship to you (eg. child, brother)

Type of support given

Amount/value of support (eg. hours per week, cost of care given)

Can this person receive support from an alternative source?

No ► Why not?

Yes

Is this a long term arrangement?

No

Yes

3. Name of person receiving support

Family name

Given names

Relationship to you (eg. child, brother)

Type of support given

Amount/value of support (eg. hours per week, cost of care given)

Can this person receive support from an alternative source?

No ► Why not?

Yes

Is this a long term arrangement?

No

Yes

If insufficient space, attach additional details

17 Are you, or any member of your family, the victim of family violence, assault or violent crime?

No ► **Go to Question 20**

Yes

18 Has an Intervention Order (IVO), Apprehended Violence Order (AVO) or other relevant order(s) been issued in relation to the incident(s)?

No

Yes ► *Provide a copy of the order(s)*

19 Does the incident(s) preclude you from work or overseas travel?

No

Yes ► Give details

20 Are you in a relationship (including if you are separated)?

No ► **Go to Question 32**

Yes

Your partner's details

21 Your partner's full name

Family name

Given names

22 Other names your partner is, or has been, known by (including name at birth, previous married names, aliases)

23 Sex Male Female

24 Date of birth

Day	Month	Year
/	/	

25 Nationality

26 Your partner's current residential address

Postcode

27 Is your partner an Australian permanent resident or Australian citizen?

No

Yes **Go to Question 30**

28 Type of visa held by your partner

29 Is your partner arranging to depart Australia?

No

Yes **Expected date of departure**

Day	Month	Year
/	/	

30 Has your partner worked during the past 3 months?

No

Yes **Give details**

Name of employer

Address of employer

Postcode

Contact person for enquiries

Name

Telephone number

Office hours (Area code)

Gross fortnightly earnings (wages, salary)

AUD

Date stopped working (if applicable)

Day	Month	Year
/	/	

31 Are you currently separated from your partner?

No

Yes **Date of separation**

Day	Month	Year
/	/	

Children and other members of your family

32 Give details of all children and other members of your family.

1. Family name

Given names

Relationship to you (eg. child, brother)

Other names they are, or have been, known by

(including name at birth, previous married names, aliases)

Sex Male Female

Date of birth

Day	Month	Year
/	/	

Nationality

Current address

Postcode

Is this person an Australian permanent resident or Australian citizen?

No **Type of visa held**

Yes

Is this person arranging to depart Australia?

No

Yes

2. Family name

Given names

Relationship to you (eg. child, brother)

Other names they are, or have been, known by
(including name at birth, previous married names, aliases)

Sex Male Female

Date of birth / /

Nationality

Current address

 Postcode

Is this person an Australian permanent resident or Australian citizen?
No ▶ Type of visa held

Yes

Is this person arranging to depart Australia?
No
Yes

3. Family name

Given names

Relationship to you (eg. child, brother)

Other names they are, or have been, known by
(including name at birth, previous married names, aliases)

Sex Male Female

Date of birth / /

Nationality

Current address

 Postcode

Is this person an Australian permanent resident or Australian citizen?
No ▶ Type of visa held

Yes

Is this person arranging to depart Australia?
No
Yes

4. Family name

Given names

Relationship to you (eg. child, brother)

Other names they are, or have been, known by
(including name at birth, previous married names, aliases)

Sex Male Female

Date of birth / /

Nationality

Current address

 Postcode

Is this person an Australian permanent resident or Australian citizen?
No ▶ Type of visa held

Yes

Is this person arranging to depart Australia?
No
Yes

5. Family name

Given names

Relationship to you (eg. child, brother)

Other names they are, or have been, known by
(including name at birth, previous married names, aliases)

Sex Male Female

Date of birth / /

Nationality

Current address

 Postcode

Is this person an Australian permanent resident or Australian citizen?
No ▶ Type of visa held

Yes

Is this person arranging to depart Australia?
No
Yes

If insufficient space, attach additional details

Support from family, friends or other people or organisations in the Australian community or overseas

33 Do you, or any member of your family, receive financial or other support from friends, family or any other person in the community?

No

Yes Give details

1. Name of person receiving support

Source and type of support (eg. accommodation from friend, caring services from an organisation, financial assistance)

Amount/value of support

2. Name of person receiving support

Source and type of support (eg. accommodation from friend, caring services from an organisation, financial assistance)

Amount/value of support

3. Name of person receiving support

Source and type of support (eg. accommodation from friend, caring services from an organisation, financial assistance)

Amount/value of support

4. Name of person receiving support

Source and type of support (eg. accommodation from friend, caring services from an organisation, financial assistance)

Amount/value of support

If insufficient space, attach additional details

34 Did you, or any member of your family, come to Australia on a visa that was sponsored or covered by an Assurance of Support?

No

Yes Give details

Sponsor's full name

Family name

Given names

Date of withdrawal of sponsorship (*if sponsorship has been withdrawn*)

Day	Month	Year
/	/	

Agreement to engage and comply with status resolution milestones and reviews set by the Department

It is a mandatory requirement of receiving SRSS Programme support that you engage and comply with all status resolution milestones set by the Department.

35 Do you agree to engage and comply with all status resolution milestones set by the Department?

No

Yes

36 Do you agree to engage and comply with all periodical reviews of these milestones?

No

Yes

37 Do you understand that failure to engage and comply with any milestones or reviews set by the Department will result in immediate cessation of services and removal from the SRSS Programme?

No

Yes

Authorisation – for purpose of forwarding electronically

- 38** Has the SRSS Provider confirmed with you that the information provided is correctly captured?
 No
 Yes

Declaration

- 39** **WARNING:** Giving false or misleading information or documents is a serious offence.
 This declaration must be signed by the main applicant and each person aged 18 years or over included in this application.
 I have completed:
- form 1450 *Status Resolution Support Services Programme Privacy notice and consent*
 - form 1448 *Status Resolution Support Services Programme Debt agreement*
- I declare that:
- the information I have supplied in this application is complete, correct and up-to-date in every detail.
 - if I intend to depart Australia, I will notify the SRSS Provider and the Department.
 - I acknowledge that any incorrect information may result in the Department ceasing support from the SRSS programme.

Signature of main applicant

Date Day / Month / Year

Signature

Name

Signature

Name

Signature

Name

Signature

Name

We strongly advise that you keep a copy of your application and all attachments for your records.

Recommendations for services (to be completed by the SRSS Provider)

- 40** What services are required to assist the applicant to reduce or remove barriers or vulnerabilities to resolve their immigration status?
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| |
- 41** How will the services assist the applicant to reduce or remove barriers or vulnerabilities to resolve their immigration status?
 Provide details and state how long each of these services will be required.
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- 42** What steps, will you as the SRSS Provider, undertake to ensure the requested services will assist the individual in resolving their immigration status?
- | |
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Document checklist

43 Provide the following **documents** with this completed form (if applicable).

Note: All documents provided to support this application should already be translated. The Department will not pay for translations.

	Supporting documentation	Attached
Departure support services	Detailed statement on what barriers impact the individual's departure from Australia	<input type="checkbox"/>
	Identify what services are required to assist the individual with their departure	<input type="checkbox"/>
Form filling assistance	Detailed statement on what barriers impact the individual's ability to complete forms for status resolution purposes	<input type="checkbox"/>
	Identify what specific services are required to assist the individual with completing forms for status resolution purposes	<input type="checkbox"/>
Travel documents	Detailed statement on what barriers prevent the individual from obtaining travel documents for status resolution purposes	<input type="checkbox"/>
	Identify what steps the individual has taken to obtain the required travel documents	<input type="checkbox"/>
	Receipts and/or official letters from embassies or consulates the individual has obtained in their effort to acquire the necessary travel documents	<input type="checkbox"/>
Counselling on immigration options	Detailed statement on what barriers impact the individual's ability to depart Australia	<input type="checkbox"/>
	Identify what services are required to counsel the individual on their immigration options	<input type="checkbox"/>
Visa related health and character checks	Detailed statement on why the individual requires a visa related health and/or character check	<input type="checkbox"/>
Translating and interpreting services for status resolution purposes	Detailed statement on how translating and interpreting services will help resolve the individual's immigration status	<input type="checkbox"/>
	Detailed statement on the specifics the individual wants translated and/or interpreted	<input type="checkbox"/>
Linking to migration assistance or services	Identify what services are required to link the individual to migration assistance or services	<input type="checkbox"/>
Independent Observer Services	Detailed statement on why, when and where the individual will require Independent Observer Services	<input type="checkbox"/>
SRSS regular payments Financial hardship means: <ul style="list-style-type: none"> the income of you or your family is less than 89% of the Centrelink Special Benefit payment that would be paid to you or to a family of similar size and composition; and there are no disposable assets or funds in Australia or overseas that you or your family can draw upon to sustain yourself/yourself; and there is no continuing and adequate support for you and your family from family, friends, sponsors or other people or organisations in the Australian community or overseas. 	Official bank statements covering the past 3 months of all accounts held by the individual and/or members of the family (including any children) in banks or other financial institutions in Australia or overseas. This includes any accounts held in trust, closed accounts and in accounts such as in online betting accounts	<input type="checkbox"/>
	<i>For overseas bank accounts</i> – if you cannot provide a statement, provide evidence that the overseas bank or financial institution has been contacted via the 'contact us' link on their website showing all personal identifiers ie. name, DOB and account number and the submission receipt. If this facility does not exist, provide an email from the bank or financial institution confirming the name each account is held in, and balance.	<input type="checkbox"/>
	If the account has been closed, the individual must provide the official closing 3 month statement	<input type="checkbox"/>
	Provide an explanation for any transactions AUD500 and over, regardless of timeframes. This includes multiple transactions on the same day totaling AUD500 and over.	<input type="checkbox"/>
	Details of any assets or property owned by the individual	<input type="checkbox"/>
	Note: Transaction listings will only be accepted to cover periods after the official bank or financial institution statement cycle has ended. All transaction listing pages must be stamped and signed by the bank	

	Supporting documentation	Attached
Financial Hardship Assistance Loan/Material Aid	Official bank statements covering the past 3 months of all accounts held by the individual and/or members of the family (including any children) in banks or other financial institutions in Australia or overseas. This includes any accounts held in trust, closed accounts and in accounts such as in online betting accounts	<input type="checkbox"/>
	<i>For overseas bank accounts</i> – if you cannot provide a statement, provide evidence that the overseas bank or financial institution has been contacted via the ‘contact us’ link on their website showing all personal identifiers ie. name, DOB and account number and the submission receipt. If this facility does not exist, provide an email from the bank or financial institution confirming the name each account is held in, and balance.	<input type="checkbox"/>
	If the account has been closed, the individual must provide the official closing 3 month statement	<input type="checkbox"/>
	Note: Transaction listings will only be accepted to cover periods after the official bank or financial institution statement cycle has ended. All transaction listing pages must be stamped and signed by the bank.	
	Statement from the individual outlining why they are experiencing financial hardship due to unforeseen circumstances outside of their control	<input type="checkbox"/>
	Budgeting plans	<input type="checkbox"/>
	Payments plans	<input type="checkbox"/>
	Receipts	<input type="checkbox"/>
	Invoices	<input type="checkbox"/>
	Value for money statement	<input type="checkbox"/>
	<i>If the loan is being used for a rental or bond purposes:</i>	
	Detailed statement on the accommodation the individual intends to live in: <ul style="list-style-type: none"> • private rental or boarding • real estate agency • family/friends. 	<input type="checkbox"/>
	Rental lease/tenancy agreement from private landlord that includes: <ul style="list-style-type: none"> • landlord’s contact details and address • address of the rented premises • duration of the lease • amount of rent/board • conditions for return of bond upon vacating the premises • signature from landlord. 	<input type="checkbox"/>
Emergency accommodation in a crisis situation	Detailed statement on the circumstances of the crisis situation which lead to the individual not being able to reside in their property	<input type="checkbox"/>
	Detailed statement on the steps taken by the individual to source alternate accommodation	<input type="checkbox"/>
	Evidence of the crisis situation, such as police report etc.	<input type="checkbox"/>
Job Ready Assistance (through JobActive)	Detailed statement on what the individual wants to achieve through Job Ready Assistance, such as: <ul style="list-style-type: none"> • the type of employment sought by the individual • how the service is linked to status resolution. 	<input type="checkbox"/>
	Documentation may include a referral, work plan or similar documentation from the organisation in which the individual is seeking employment	<input type="checkbox"/>

Supporting documentation		Attached
Health services beyond what is provided by Medicare	Details of diagnosis, including date of onset and whether the diagnosis is confirmed	<input type="checkbox"/>
	Clinical features – including history and current symptoms	<input type="checkbox"/>
	Past, present and future/planned treatment	<input type="checkbox"/>
	Compliance with recommended treatment	<input type="checkbox"/>
	Impact of condition(s) on ability to function and whether the impact is long term or temporary	<input type="checkbox"/>
	Any supporting documents such as x-rays or pathology results	<input type="checkbox"/>
	Details of any periods of hospitalisation/hospital records	<input type="checkbox"/>
	Treatment plan or signed letter from GP indicating the services required and the expected duration of these services The treatment plan should include all recommendations from relevant health professionals and details of the applicant's response to prior treatment (if applicable)	<input type="checkbox"/>
Detailed statement from individual on why they cannot cover the costs of requested services	<input type="checkbox"/>	
Psychological support (including torture and trauma counselling)	Mental health plan from GP outlining the need for services	<input type="checkbox"/>
	Referral from GP or specialist outlining the requested services	<input type="checkbox"/>
	Note: Individuals can access up to 10 general counselling sessions through their GP and Medicare. These sessions should be utilised in the first instance before support through SRSS is requested.	
Drug and alcohol counselling	Outline the type of request and expected duration for drug and alcohol services. This may include: <ul style="list-style-type: none"> • court order • treatment plan or mental health plan from GP • letter of recommendation from GP. 	<input type="checkbox"/>
	Note: Individuals can access up to 10 general counselling sessions through their GP and Medicare. These sessions should be utilised in the first instance before support through SRSS is requested.	
School resources for minors	School uniform list	<input type="checkbox"/>
	Book list	<input type="checkbox"/>
	Stationery list	<input type="checkbox"/>