**REFERENCE TO QUESTIONS 1.1 AND 1.2**

Q 1.1 *What impacts do you expect restricting eligibility criteria in the manner proposed above will have on your service?*

Some people who access our service currently or at least have the opportunity to do so may not meet the new criteria.

These people are:

1) those who have a Low Income Health Care Card but no Centreliink income support.

2) underemployed who have minimum income but not low enough to receive any Centrelink income support.

3) working poor (as outlined in previous SACOSS and ACOSS reports) again NO Centrelink income support.

4) those who are in a single income household and the solitary “bread earner” has suddenly become unemployed and it takes a while for them to access Centrelink income support. If they have a point of access from our service ER or CFC they have the opportunity to be referred and “steered” to appropriate services and financial options BEFORE it reaches crisis points. e.g. Suggest to approach their financial institute to have mortgages placed onto interest free for a period of time , or re-aligned or any other option that the financial institute may have to offer. People in this position generally go from manageable debt levels which may include high mortgages to not being able to meet debts. They should be able to access ER and or CFC before they access income support.

5) those who are in a double income household and ONE becomes suddenly unemployed. Due to the second income do not receive Centrelink income support. As per point 4 above the prevention strategy of approaching ER or CFC could come into play.

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*Q 1.2 What strategies can be employed to ensure that services are accessible for those who need it the most?*

1) Word the guidelines to ensure the above groups of people as outlined in answers to question 1.1 can access the services.

2) At the very minimum remove the word AND which implies that clients must meet both criteria points in the discussion paper and replace it with the word, OR ,or the words either/ or

3) note that identifying a person at imminent risk of not being able to pay their debts is generally unknown until a conversation is in place with the client.

4) Have more appointments in our local area. As we use referrals intensely, but appointments to other services are often too far away in time frame or not taking any more on, or clients are added to a waiting list or not accessible due to transport issues.

5) have clients provided with free pre- paid phones , getting free top ups from job networks to help them search for employment and access ER and CFC services.

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