



Support Agreement Form

Version 1.0 (May 2023)



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ich.org.au

38 Sitella Street, Inala QLD 4077

PO Box 4800, Forest Lake QLD 4078

Carer 1

Carer 2

Caseworker

Phone

Mobile

Email

Purpose of Agreement

This agreement documents and explains the commitment made by carers with their Inala Community House - OHC caseworker for the period of the intervention.

I , carer(s) agree to the following:

- I understand that working with ICH - OHC is a voluntary service.
- I understand that my caseworker will be meeting with me at least once per month.
- I understand that I will make myself available to home visits and meetings with my caseworker, and that if I cannot attend I will contact them as soon as possible.
- I understand that I will speak to and treat my caseworker with dignity and respect. I will not act in a threatening way towards my caseworker, and will insure that any dangerous animals will be appropriately secured for home visits.
- I understand that at times, my caseworker will attend my home, un-announced, but most appointments will be mutually agreed upon.
- I understand that, should there be two (2) months of not meeting or responding with my caseworker (unless in extraordinary circumstances) the ICH - OHC will need to attend a review meeting with my caseworker pending the case being closed to ICH - OHC.



I (caseworker) agree to the following:

- I understand that I will be supporting the carer with a monthly visit.
- I understand that I will follow up with appointments and meetings made with the carer, and if I cannot attend, I will contact them as soon as possible.
- I understand that I will speak to and treat the carer with dignity and respect. I will not act in a threatening way towards any carer.
- I understand that I will try my best to support the carer and contact them through phone calls, text messages, announced and un-announced home visits and letters.
- I understand that I will address my concerns and worries with the carer and child safety.

I understand, accept and agree to the information outlined in this agreement.

I understand, accept and agree to the information outlined in this agreement.

Name of Carer / Guardian (1)

Name of Carer / Guardian (2)

Date

Date

Sign Below

Sign Below

I understand, accept and agree to the information outlined in this agreement.

Name of OHC Caseworker

Date

OHC Caseworker Signature