

ID Project Application Form

Queensland Youth Services
E: operations@qys.org.au
P: (07) 4771 3648 W: www.qys.org.au

The Queensland Youth Services (QYS) **ID Project** exists to ensure young people (aged 12 to 25 years) in unsafe or unstable situations can access necessary identification documents when they do not have the resources or support to do so on their own. The ID Project is a fund which relies solely on community-based donations (i.e. it is not a privately funded program) launched by QYS to assist young people in need, therefore funding capacity is limited and dependent upon QYS' existing pool of donated funds.

Each young person who accesses ID Project funding can only do so once. If an ID Project funding request has been formally approved by QYS, all external (non-QYS) clients will need to be directly assisted by their referring Support Worker with accessing their identification needs, if required by the client. QYS does not have the capacity to provide youth support beyond funding allocation for external ID Project requests.

You must respond to each of the below screening questions prior to submitting your ID Project Application Form.

Tournast respond to each of the below selecting questions prior to s	azimemig your iz rioject/ippiicut	
SCREENING QUESTIONS		
Does the young person have any existing forms of ID? If yes, why do they	need the specific or additional ID do	ocument being requested?
Is this young person receiving Centrelink payments? If yes, please provide	e proof of a Concession Card (scan w	th application form).
Have any alternative cost minimisation methods been tried to source the Birth Certificates through the Registry of Births, Deaths, and Marriages fo		
Community Services or Youth Support Agencies Only Include respons		akeholder in the industry
What access to brokerage does this young person have as a client of you	r agency?	
Why is your agency unable to provide funding assistance for this young p	person?	
This application form is to be completed by or on behalf of a young persor document. The approval of an application will be at the discretion of Quee based on information provided by the applicant. All information collected value of the section 1. REFERRER DETAILS	nsland Youth Services with application	ns being assessed case by case
Full Name	Date o	f Referral / /
Email	Primary Contact Number	
Organisation/ Program		
Relationship to Young Person		
☐ Case/Youth/Support Worker/Manager☐ Guidance Officer☐ Guidance O		
□ Parent/Guardian/Carer □ Self-Referral		
Other (specify)		
Section 2. YOUNG PERSON DETAILS		
Full Name	Date o	f Birth / /
Email	Primary Contact Number	
Residential Address	Suburb	Post Code



ID Project Application Form

Queensland Youth Services E: operations@qys.org.au P: (07) 4771 3648 W: www.qys.org.au

Gender		☐ Male	☐ Female	□ Non-	-Binary	☐ Prefer Not to Say		
		☐ Aboriginal	☐ Torres Strait Islander	☐ Sout	h Sea Islander			
		☐ Neither						
Cultural Identity		☐ Other (specify)						
Section 3. IDENTIFICATION & FUNDING REQUIREMENTS for Queensland identification documents only, renewals not permitted								
	☐ Birth Certificate							
Type of Identification	☐ Pro	oof Of Age Card						
Required	□ Lea	arner's Permit						
	☐ Housing Application ☐ Obtaining A Learner's Permit							
	☐ Bank Account							
Reason for Identification	□ Ce	ntrelink						
Request	□ Ot	her						
-	☐ Unemployed and receiving Centrelink payments (must provide proof of Concession card)							
	☐ Unemployed and not receiving any income							
Reason for Financial	□ Pa	rent/carer(s) receivi	ng low income					
Assistance	□ Ot	her						
Total Funding Required	\$							
Section 4. CONSENT								
I give my consent for this application form to be sent to Queensland Youth Services with the intention assisting me with my identification needs								
through access to ID Project funding, and for Queensland Youth Services to collect my personal information for administrative purposes.								
Client Name		Client S	Signature		Date			
If the young person being referred is under 16, a parent or guardian's consent is required to proceed, however if gaining parent or guardian								
consent is not possible, an appropriate referrer, as identified in Section 1, can provide consent on their behalf.								
			· •					
Full Name								
Relationship								
to Client		Signati	ure		Date			

Submit all completed applications and related documents to $\underline{operations@qys.org.au} \ for \ processing.$