This report should be completed during the Early Supports sessions by the Lead Service Provider in collaboration with the kiritaki (client).

Please refer to the Sensitive Claims Service Operational Guidelines and report guidelines on our website: [www.acc.co.nz/resources](https://www.acc.co.nz/resources#/subcategory/372). Return the completed report together with a signed *ACC8532 Consent for cover timeframe extension – client* (if applicable) to [sensitiveclaimsreports@acc.co.nz](mailto:sensitiveclaimsreports@acc.co.nz).

Part A: Kiritaki information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Kiritaki details | | | | | |
| Kiritaki name: | | | | | |
| Date of birth: | | Claim number: | | | |
| Address: | | | | | |
| Contact details/safe contact where appropriate: | | | | | |
| Female | Male | Another gender | | Prefer not to say | |
| Ethnicity: | | | | | |
| Is the kiritaki able to make decisions about their care? If no, please contact their ACC recovery team member about this. | | | Yes | | No |

Part B: Event details

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Event details | | | |
| For each event, clearly and concisely outline:   * the Schedule 3 events. Avoid using broad terms that are open to interpretation such as ‘sexual abuse’ and ‘inappropriate touch’ * the date or date range of the events * the frequency of the events   the perpetrators relationship to the kiritaki, if known. For privacy reasons, refer to third parties by their relationship to the client, rather than their names. | | | |
| Event 1: |  | | |
| Event 2: |  | | |
| Event 3: |  | | |
| In your opinion, is it likely that one or more of the events is listed under [Schedule 3](http://www.legislation.govt.nz/act/public/2001/0049/latest/DLM105476.html)? If unsure, please contact us to clarify. | | Yes | No |
| Did any of the events happen in Aotearoa New Zealand? | | Yes | No |
| If any event did not happen in Aotearoa New Zealand, please provide the following information. | | | |
| Place and date the event occurred. | |  | |
| Was the kiritaki living overseas at the time of the event? | | Yes | No |
| Was the kiritaki temporarily overseas with plans to return to Aotearoa New Zealand at the time of the event? | | Yes | No |
| This information will help ACC confirm the kiritaki was [ordinarily resident](https://www.legislation.govt.nz/act/public/2001/0049/latest/DLM100661.html) at the time of the events. | | | |
| Does the kiritaki have any other active ACC claims? If unsure, please contact us to clarify. | | Yes | No |

|  |  |  |
| --- | --- | --- |
| 3. Kiritaki current situation | | |
| 1. What presenting concerns is the kiritaki requesting assistance with? | | |
|  | | |
| 1. Describe the current presentation of the kiritaki, include information on the following:  * any psychosocial stressors impacting them * areas of function, including social and whānau   strengths and protective factors they present with. | | |
|  | | |
| 1. Have the events, described above, impacted the ability of the kiritaki to function in the workplace? If yes, describe the impact on their functioning. | Yes | No |
|  | | |
| 1. Describe any cultural or spiritual needs relevant to the kiritaki. | | |
|  | | |
| 1. Are there any areas of risk? Complete a risk assessment, considering the following risks:  * is there a risk to self? * does the kiritaki pose a risk to others?   is the kiritaki at risk of harm from others? | | |
| Are there any risks identified? | Yes | No |
| If yes, describe the risk and any duty of care actions taken. | | |
|  | | |
| 1. Are any other agencies currently involved in supporting the kiritaki? | Yes | No |
| If yes, list the agencies involved eg Community Mental Health and Addiction Services. | | |
|  | | |
| 1. Has the kiritaki previously accessed assistance for their mental health? | Yes | No |
| If yes, provide details about when and where the kiritaki sought assistance. | | |
|  | | |
| 1. Does the kiritaki need support from an interpreter? If yes, please specify which language. | Yes | No |
|  | | |

Part C: Planning and service requirements

|  |  |  |
| --- | --- | --- |
| 4. Planning and service requirements | | |
| Please indicate which service is most appropriate to meet the current needs of the kiritaki: | | |
|  | **Support for Next Steps** eg the kiritaki is not eligible for ACC services under the Sensitive Claims Service. If this service is selected, please continue to part D and complete sections 7 and 8. | |
|  | **Short-term Support to Wellbeing** eg the kiritaki recovery needs can be addressed in 8 hours or less of therapeutic intervention. If this service is selected, complete sections 5, 6, 7, and 8. | |
|  | **Cover and Wellbeing Plan** eg kiritaki symptoms are specific to a Schedule 3 event with no other significant complicating factors/trauma or early adversity. You are confident assessing the symptoms of the kiritaki, their treatment needs and successfully completing treatment and support within up to 80 hours, over no more than 24 months. If this service is selected, complete sections 5, 7 and 8. | |
|  | **Specialist Cover Assessment** egthe kiritaki presents as complex and/or requires a fuller understanding of their clinical presentation, treatment, and support needs. This option is required for kiritaki who need a Function Assessment to consider financial entitlements and access to other supports, such as Residential Rehabilitation. If this service is selected, complete sections 5, 7 and 8. | |
|  | A Function Assessment is to be completed as part of the Specialist Cover Assessment. If this service is selected, complete section 5 to confirm the Named Assessment Provider. |
|  | **Tailored Support to Wellbeing Package** eg the kiritaki already has an accepted sensitive claim and wishes to re-engage in treatment and support. If this service is selected, complete sections 5, 7 and 8. | |
| Indicate other ACC supports (not available under the Sensitive Claims Service) that may address challenges for the kiritaki, eg transport barriers, rural location, financial entitlements. | | |
|  | Social rehabilitation (eg childcare, Rongoā Māori services): | |
|  | Treatment (eg a neuropsychological assessment): | |
|  | Other (eg transport assistance): | |
|  | Vocational rehabilitation (eg a stay at work programme): | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Planned services and the providers who will deliver these | | | | |
| For services requested above, outline who will deliver each service and how many hours are required for each. An example is provided below. We require the following information to consider approval of services. | | | | |
| **Service** | **Provider name/ ACC ID** | **Provider discipline** | **Supplier/ Supplier ID** | **Hours** |
| eg Short-term Support to Wellbeing | eg Jane Doe/ACC123 | eg Psychotherapist | eg ABC/ACC234 | eg 1 hour |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| If pre-cover supporting services have been listed in the table above, please describe how these services and the requested hours will be used to support the kiritaki: | | | | |

|  |  |
| --- | --- |
| 6. Short-term Support to Wellbeing recovery goals | |
| Short-term recovery goals |  |
| How will the outcomes of this goal improve kiritaki functioning and/or quality of life, eg what will the kiritaki be able to do differently or better? |  |
| How will this goal be achieved? |  |

Part D: Other information and declarations

|  |  |
| --- | --- |
| 7. Other information | |
| Please provide the date of the last face-to-face meeting with the kiritaki that informed this report | Date: |
| Date of disengagement by the kiritaki (if applicable) | Date: |
| Please provide any other information that you consider relevant to assist in the recovery of the kiritaki: | |
|  | |
| I have attached other documents, eg clinical reports, other psychometric results.  List these: | |
| I have attached an ACC8532 Consent for cover timeframe extension – client form (if applicable) | |
| I have attached an ACC6300 Authority to collect medical and other records (if applicable) | |

|  |  |  |  |
| --- | --- | --- | --- |
| 8. Provider declaration | | | |
|  | I have informed the kiritaki that the information collected for this report will be sent to ACC to support cover decisions and treatment and rehabilitation needs. I have kiritaki authority for this. | | |
|  | I confirm that the information contained in this report is accurate and that I have followed the standards set out in the Sensitive Claims Service operational guidelines. | | |
| Lead Service Provider name: | | | Provider ID: |
| Supplier name: | | Supplier ID: | Date: |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.