**2024 Referral Form**

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| **Referrer Information** | | | | |
| Date | Click or tap to enter a date. | | Name |  |
| Organisation |  | | Email |  |
| Phone |  | |  |  |
| Relationship to client and for how long? | |  | | |
| What service/s are required? | | | | Accommodation  Outreach case management |
| Has young person given consent for this referral and data collection?  Does young person consent to record client information in databases? | | | | Yes  No  Yes  No |

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| **Young Person Details** | | | | |
| Full name |  | | Preferred name |  |
| Gender | Female  Non-binary | | Pronouns |  |
| Date of birth |  | | Age |  |
| Phone |  | | Email |  |
| Current Address |  | | | |
| Country of birth |  | | Date of arrival (if not Aus) |  |
| Main Language |  | | Religious background |  |
| Identify as CALD | Yes  No | | Interpreter required | Yes  No |
| Do you identify as | ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither | | | |
| Who has parental Responsibility/guardianship? | | 1. Name, Address & Contact Number: 2. Name, Address & Contact Number: | | |
| Income details | Employee Income  Centrelink (Type: )  Nil income | | | |
| School/TAFE/Work/Day Program Details | | |  | |

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| ***Accommodation*** | | | | | | |
| Current living arrangements for the young person?  Eg alone, family, refuge, couch surfing? | | Suburb:  Circumstances: | | | | |
| Young person’s living arrangements last week?  Eg alone, family, refuge, couch surfing? | | Suburb:  Circumstances:  Did they stay here last week?  Yes  No | | | | |
| Most recent permanent address?  When was this? | | Suburb:  Date (estimate if needed): | | | | |
| Reasons and details for seeking accommodation?  Eg domestic and family violence, sexual abuse, overcrowding, mental health, relationship breakdown, etc. | |  | | | | |
| ***Physical and Mental Wellbeing*** | | | | | | |
| Does the young person have a current medical condition, disability, or mental health diagnosis? | | | | | | |
| Yes (provide details below)  No | | | | | | |
| Has the young person had any hospital stays for physical or mental health in the last 12 months? | | | | | | |
| Yes (please specify below)  No | | | | | | |
| GP or health professional contact details |  | | | | | |
| Psychiatrist contact details |  | | | | | |
| Is the young person connected with NDIS supports? | | | Yes  No | | | |
| Current Medications | Name | | | Dosage | Frequency | |
|  | | |  |  | |
|  | | |  | |  |
| Allergies |  | | | | | |

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| ***Alcohol and other drugs*** | | | | |
| Does the young person engage in substance use? | Yes (provide details below)  No | | | |
| Name | | Frequency | Surrounding issues/triggers |
|  | |  |  |
| Has the young person ever participated in an alcohol and/or other drugs rehabilitation program? | | No  Yes – please specify program and dates: | | |
| Does the young person vape or smoke cigarettes? | | No  Vapes  Cigarettes  Both | | |

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| ***Legal Issues*** | |
| Current orders and conditions |  |
| JJ Office/probation and parole office |  |
| Other information: |  |

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| ***Any other additional information*** |
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