**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 |
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|  |  |  |
| 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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