

## 2024 Referral Form

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?		<input type="checkbox"/> Accommodation <input type="checkbox"/> Outreach case management	
Has young person given consent for this referral and data collection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does young person consent to record client information in databases?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<b>Physical and Mental Wellbeing</b>			
Does the young person have a current medical condition, disability, or mental health diagnosis? <input type="checkbox"/> Yes (provide details below) <input type="checkbox"/> No			
Has the young person had any hospital stays for physical or mental health in the last 12 months?	<input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No		
GP or health professional contact details			
Psychiatrist contact details			
Is the young person connected with NDIS supports?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Medications	Name	Dosage	Frequency
Allergies			

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

<b>Legal Issues</b>	
Current orders and conditions	
JJ Office/probation and parole office	
Other information:	

<b>Any other additional information</b>