**Initial Referral Form**

**Referrer’s Details:**

**Date:** ........................... **Referring Agency:**.................................................................................................................

**Referrer’s name, phone # and email:**………………………………………………………………………………………………………..……….

**How long have you known this Y.P?**……………………………………………………………………………………………………………………

**Service required:** Accommodation or Case management:…………………………………………………………………………..

**Client Details:**

**Name:**………………………………………………………… **Age:**……..…........ **D.O.B:**…………………… **PH#**:................................

**Preferred Name/Alias:** ………………………… **Gender**: ……………………. **Preferred Pronouns:** ……………………

**Identify as LGBTQIA+** (if possible please provide details) …………………………………..………………………………………..

**Current** **Accommodation Status and how long:**……………………………………………………………………………………

**Identify as Aboriginal:** Y / N **Identify as TSI:**  Y / N **Identify as CALD:** Y / N

**Country of Birth:**............................................. **Cultural/religious background ……………………………………..**

**P/R to the minister:** Y / N If no, please provide P/R Details:

……………………………………..........

**Permission given to record Client Information in database:** Y / N **Has YP consented to referral?** Y / N

|  |  |  |
| --- | --- | --- |
|  | **Currently** | **Last Week** |
| **Living Arrangements and How long?** (Alone, Family, Refuge, Couch surfing) |  |  |
| **Main source of income** (Working, Parent, Youth Allowance, Special Benefit) |  | |
| **Are they on Centrelink?**  (please provide details of benefit received or progress on an application) |  | |
| **Employment** (full time, part time, casual) |  | |
| **School attending & Year** |  | |
| **Current Day Plan if not at school** |  | |

**Previous Accommodation**:

**Suburb of last permanent address**:..................................................... **Did they stay here last week:** Y / N

**Reasons and Details for accommodation breakdown: e.g. Domestic violence, sexual abuse, etc:**

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**Mental and Physical Health:**

**Mental & Physical Health**:.................................................................................................................................

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**Diagnosis & Medication**:..................................................................................................................................

**Regular Dr/Psych:** Y / N .................................................................................................................................

**Drug and Alcohol Use:**

**AOD Issues? (name, substances):** ....................................................................................................................

**Amount of use & frequency**: ............................................................................................................................

**Surrounding issues (e.g. MH/peer group etc).......**...........................................................................................

**Legal Issues**:

**Current orders & conditions:**...........................................................................................................................

**JJ Office/Probation and parole office:.**.............................................................................................................

**Other (Eg: Day Program):....**.........................................................................................................................................

**Other information:**

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**Intake staff to complete remainder of referral**

**Background Checks:**

**Name of Service:**....................................... **Ph #:**...................................... **Contact:**..........................................

**Dates of stay (if accommodation)**:............................................ **Length of support**:........................................

**Details INCL. REASON FOR EXIT FROM ACCOMMODATION SERVICE:**.............................................................

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