



REFERRAL FORM (YOUTH SUPPORT PROGRAM)

Date Referral submitted			
Response Time (YSP will endeavour to respond to referrals within 7days. If this referral is URGENT , please indicate expected response times)			
CLIENTS DETAILS			
Name		Age	Date of Birth
Phone (Home)		Mobile	
Address			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, identifies as:		
Culture	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify:		
PARENT/GUARDIAN/CARE PROVIDER DETAILS			
Name		Age	Date of Birth
Phone (Home)		Mobile	
Address			
Culture	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other, please specify:		
REFERRING AGENCY			
Dept/Agency		Program	
Case Worker		Mobile	
(w) Contact		(w) Fax	
Email			
List other service/s involved in care team			
Please indicate who will be lead support provider			
INFORMED CONSENT: Does the client know they are being referred to YSP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Verbal Consent provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed by referring agency	
CONTACT ISSUES (e.g. Can this person be contacted at home or by phone? How do we contact the person?)			
PRESENTING ISSUES			
<input type="checkbox"/> Housing	<input type="checkbox"/> Education	<input type="checkbox"/> Family	<input type="checkbox"/> Peers
<input type="checkbox"/> Disability	<input type="checkbox"/> Financial	<input type="checkbox"/> Legal/law	<input type="checkbox"/> AOD
			<input type="checkbox"/> Health
			<input type="checkbox"/> Employment
			<input type="checkbox"/> Identity
			<input type="checkbox"/> Other
Provide Details			



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RISK ASSESSMENT List all known risk taking behaviours/issues relevant eg: substance misuse, violence, self-placing, known triggers, safe access for home visits

ACCOMMODATION tick the best description of the young person's accommodation situation

STABLE UNSTABLE SHORT TERM ACCOM MEDIUM TERM ACCOM LONG TERM ACCOM RENTAL HOMELESS AT RISK OF HOMELESSNESS

Provide details: (Who does this person live with? Include all persons present in the house and their relationship to the young person)

SUPPORT REQUIRED How do you see YSP supporting this person? What are your expected outcomes as the current support agency/provider? Will YSP support be complimentary?



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PLEASE USE THIS SPACE TO PROVIDE FURTHER INFORMATION