**Date of referral:** Click or tap to enter a date.

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| **Eligibility Criteria** |
| Please confirm the following:  The young person is between 16 – 25 years of age  The young person is homeless or at risk of experiencing homelessness  A case-plan has been developed with the young person  The young person resides in Blacktown and/or The Hills LGA as priority areas or Parramatta and  Cumberland LGAs as an extension of service |

All service user’s must sign a consent form to engage with our service. To assist with the brokerage process to work promptly can you please go through our consent form with your client and gain sign off. Please let us know if an electronic consent form has been completed upon referral.

Use this link - <https://form.jotform.com/212369149177059>

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| **Referrer’s Details** | | | | | | | |
| Name |  | Pronouns | |  | | Job Title |  |
| Organisation |  | | | Program |  | | |
| Phone |  | | | Mobile |  | | |
| Email |  | | | | | | |
| Are you the caseworker for this young person? | YES NO *If no, please describe your relationship with the young person* | | | | | | |
| Has the young person consented to this referral? | | | YES  NO | | | | |

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| **Young Persons Details** | | | | | | | | | |
| Legal Full Name |  | | Preferred Name and Pronoun | | | |  | | |
| Gender | Male  Female  Transgender Male Transgender Female  Non-Binary  Agender/ I don’t identify with any gender  Gender not listed: My gender is: | | | Age | |  | | DOB |  |
| Phone Contact |  | | Email | |  | | | | |
| Current Address |  | | | | | | | | |
| Country of Birth |  | | Language | |  | | | | |
| Residency Status |  | | Interpreter Required | | NO  YES | | | | |
| Does the young person identify as | Aboriginal  Torres Strait Islander  Both  Neither | | | | | | | | |
| Type of dwelling | Private Rental Public Housing Community Housing  Youth Rent Choice Crisis Refuge Transitional Housing Boarding Other: | | | | | | | | |
| Has the young person signed the lease for the tenancy? | | Yes  No  Not Applicable  If no; what date will it be signed: | | | | | | | |
| Length of Homelessness *(If applicable)* | | Up to 3 months  3 months to 1 year  Over 1 year | | | | | | | |
| Reason for homelessness *(if applicable)* | |  | | | | | | | |
| Is the young person in or leaving institutional care?  *(eg, Out of Home Care, Juvenile Detention)* | | YES  NO  *Details:* | | | | | | | |
| Is the young person receiving Centrelink Benefit/s? | | YES  NO  *Details:* | | | | | | | |
| Is the young person registered with NDIS | | YES  NO  *Details:* | | | | | | | |
| Is the young person attending school/TAFE/University? | | YES  NO  *Details:* | | | | | | | |
| Is the young person employed? | | Fulltime  Part-time  Casual  Looking for work  *Details:* | | | | | | | |

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| **Referral Details** |
| Please provide an outline of the young person’s current circumstances and what assistance is required? |
| How will this assistance support the young person to reduce their risk of homelessness? |

**Please return referral form to;** [**youthrez@saintscare.org.au**](mailto:youthrez@saintscare.org.au)