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

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| **Which program/s are you referring into;** |
| Case Management  Quick information / advice / referral  Mentoring  Unsure  *\*Note: For brokerage support please contact Youth Rez for a specific request form* |

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| **Eligibility Criteria** |
| The young person is between 16 – 25 years of age  The young person is homeless or at risk of experiencing homelessness  The young person is residing or connected to the Blacktown, The Hills, Parramatta or Cumberland areas |

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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 | | | | |

To assist with the process, if appropriate have the young person complete a consent form online here: <https://form.jotform.com/212369149177059>

*\*If this is not an appropriate time, our staff will support the young person to complete the consent form.*

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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 | | | | | | |
| Do you identify as | Aboriginal  Torres Strait Islander  Both  Neither | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | | | | | |
| Name |  | Relationship | | |  | | | | Contact | | |  | |
| Health | | | | | | | | | | | | | |
| Are you diagnosed with a disability or chronic health condition | | | YES  NO  *Details:* | | | | | | | | | | |
| Do you see a health professional for your diagnosis | | | YES  NO  *Details:* | | | | | | | | | | |
| Are you diagnosed with a mental health (MH) condition | | | YES  NO  *Details:* | | | | | | | | | | |
| Do you see a health professional for your MH diagnosis | | | YES  NO  *Details:* | | | | | | | | | | |

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| Type of dwelling | Private Rental Public Housing Community Housing  Youth Rent Choice Crisis Refuge Transitional Housing Boarding Other: |
| Length of Homelessness *(If applicable)* | Up to 3 months  3 months to 1 year Over 1 year |
| Reason for homelessness *(if applicable)* |  |
| Are you in or leaving institutional care?  *(eg, Out of Home Care, Juvenile Detention)* | YES NO  *Details:* |
| Do you receive Centrelink Benefit/s? | YES NO  *Details:* |
| Are you attending school/TAFE/University? | YES NO  *Details:* |
| Are you employed? | Fulltime  Part-time  Casual  Looking for work  *Details:* |

|  |  |
| --- | --- |
| Do you have a history of criminal convictions/behaviour? | YES  NO  *Details:* |
| Do you have any AVOs in place? | YES  NO  *Details:* |
| Are there any court current orders? | YES  NO  *Details:* |

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| --- |
| **Factors Relating to Referral** *(Tick where applicable or known)* |
| |  |  |  | | --- | --- | --- | | Cultural Identity or Issues | Suicide Attempts / self harm | Pregnancy | | Health Issues | Mental health | Financial | | Behavioural Issues | Domestic Violence | Education/school Attendance | | Grief & Loss | Social Isolation | LGBTQI+ | | Drug & Alcohol | Accommodation / at risk of homelessness | Other Violence (eg, bullying) | | Living Skills | Language/literacy Problems | Other | | Relationship difficulties | Employment |  | |
| Please provide further detail to the areas ticked above or more:  *Note: our service may contact you for further details.* |

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| **Strengths / Protective Factors** *(Tick where applicable or known)* |
| |  |  |  | | --- | --- | --- | | Stable family environment | Secure relationships | Positive education environment | | Readiness for change | Healthy coping strategies | Economic security | | Participation in community networks | Strong support network | Communication and social skills | | Spiritual and/or religious identity | Strong cultural identity and pride | Access to education/services | |
| Please provide further detail to the areas ticked above: |

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