**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)* |
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| --- | --- | --- |
| [ ]  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)* |
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| [ ]  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**