



Reconnecting Home, Anglicare's Homeless Youth Assistance Program, offers early intervention support and brokerage to young people, within the Murrumbidgee region, who find themselves homeless, or at risk of becoming homeless.

RECONNECTING HOME REFERRAL FORM

Client Details

First Name:		Date of Referral:	
Surname:		Application type:	

Before submitting your application, please make sure you have completed the actions;

- | | |
|---|---|
| <input type="checkbox"/> Application completed in full | <input type="checkbox"/> Case plan attached |
| <input type="checkbox"/> Explained and received consent from client | <input type="checkbox"/> Any other supporting documentation
i.e. quotes for items/services |

Referring Agency Details

Agency Name:			
Agency Address:			
Agency Contact:		Contact Phone:	
Position:			
Email Address:			

Young Person Details

First Name:		Middle Name/s:	
Surname:		Gender:	
Date of Birth:		Country of Birth:	
Current Address:			
Home Address:	(if different)		
Country of Birth:		Language Spoken:	
Identifies as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Culturally/Linguistically Diverse <input type="checkbox"/> None Listed		
Date Assistance Requested:		Who Requested Assistance:	

Details of Assistance Requested

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Details of parent/guardian/carer			
Name:		Contact Phone:	

Young Person's Safety		
Young person has somewhere to stay tonight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Young person can stay safely in their current living arrangements for:		
<input type="checkbox"/> Tonight only	<input type="checkbox"/> A few more nights	<input type="checkbox"/> Longer:
<input type="checkbox"/> Cannot stay safely	<input type="checkbox"/> Approximately 1 week	<input type="text"/>
Support needed to stay safely in current living arrangements:		

Risk to the young person	
1. Remaining at home	2. Current accommodation (or lack of)
<input type="checkbox"/> Domestic or Family Violence <input type="checkbox"/> Threats, violence or harassment <input type="checkbox"/> Suicidal thoughts/self-harm <input type="checkbox"/> Physical Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Domestic or Family Violence <input type="checkbox"/> Threats, violence or harassment <input type="checkbox"/> Suicidal thoughts/self-harm <input type="checkbox"/> Physical Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: <input type="text"/>
Urgent Issues that require immediate attention:	



Client Current Situation	
Mental Illness/Disability:	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Support needs: <input type="text"/> Agency supporting these needs if applicable: <input type="text"/>
Substance Use/Abuse:	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Support needs: <input type="text"/> Agency supporting these needs if applicable: <input type="text"/>
Intellectual/Cognitive Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Support needs: <input type="text"/> Agency supporting these needs if applicable: <input type="text"/>
Physical Disability:	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Support needs: <input type="text"/> Agency supporting these needs if applicable: <input type="text"/>
Chronic/Acute Health Issues:	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Support needs: <input type="text"/> Agency supporting these needs if applicable: <input type="text"/>
Is support required for self-care tasks, property care, budgeting, cooking task?	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Support needs: <input type="text"/> Agency supporting these needs if applicable: <input type="text"/>
Is the client experiencing Domestic or Family Violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes Support needs: <input type="text"/>
Is the client currently attending school or studying?	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Support needs: <input type="text"/> Agency supporting these needs if applicable: <input type="text"/>
Does the client have a probation, parole and/or juvenile justice worker?	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details: <input type="text"/> Name of Officer: <input type="text"/> Location: <input type="text"/> Phone: <input type="text"/>

Please include current case plan or complete the form provided.

Please email your completed application to: intake.hyap@anglicare.com.au

For further information please contact the HYAP Facilitator on 0428 467 744.