

# Youth Initiative Community Referral Template

## Section 1: General Information

Date of referral			
Referring Unit (CSC/FSP)			
Caseworker Name		Manager Name	
Name of young person		Preferred name	
Date of birth		Gender	
Aboriginal or Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cultural background			
Current Residency Status	Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <input type="checkbox"/>		
Religion			
Is the YP aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has YP provided consent?	Yes <input type="checkbox"/> No <input type="checkbox"/> Is this consent: Verbal <input type="checkbox"/> Written <input type="checkbox"/> (Please Attach)		
If under 18 years who is the holder of Parental Responsibility? <i>Please note: Consent from the person being referred is required to complete this referral.</i>	Name: Relationship: Address: Phone:		
<b>Eligibility:</b> <i>Please select the most applicable. If selecting number 5, please <u>skip section 2.</u></i>	1. New placement within the last 12 months <input type="checkbox"/> 2. Leaving care from Residential Care <input type="checkbox"/> 3. Early School Leaver (not currently attending any education institution) <input type="checkbox"/> 4. Leaving Care from an institution (including justice centre) or refuge <input type="checkbox"/>		
Are you receiving support from another SHS service?	SHS <input type="checkbox"/> HYAP <input type="checkbox"/> TEI <input type="checkbox"/> SILS <input type="checkbox"/> PSP <input type="checkbox"/> CCS <input type="checkbox"/> Details:		
Age	Please specify age: ____ years old		
Level of independence	Independent Living Skills Checklist completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Bank Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Birth Certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Tax File Number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Drivers Licence/ NSW Photo ID	Yes <input type="checkbox"/> Type:	No <input type="checkbox"/>
	Medicare Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Centrelink Payment?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what payments?	
Views of young person about living independently and their future goals	
Mother's name	
Address & Phone number	
Father's name	
Address & Phone number	
Sibling's name	Date of birth    Legal status    Location (suburb/town) If OOHC, who provides case management?
Extended family/significant others	
Name	Relationship to young person    Address & Phone number
Do you provide consent for a third party to communicate on your behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide full name and phone number:

## Section 2: Statutory Care/ Permanency Support

CAT	Low Needs <input type="checkbox"/> Medium Needs <input type="checkbox"/> High Needs <input type="checkbox"/>	Date completed?	
In Statutory OOHC?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
History of DCJ involvement			
When did the young person first enter OOHC?			
Date of final orders?			
Brief outline of reasons for entry into care			

<b>Brief placement history</b>			
<b>Period</b>	<b>Placement type / Carer details / Location</b>		
<b>Contact Arrangements</b>			
<b>The young person has the following contact arrangement</b>			
<b>Name</b>	<b>Relationship to young person?</b>	<b>Address &amp; Phone number</b>	<b>Arrangements (Frequency/ Duration/ Activities/ Supervised)</b>

### Section 3: Safety

<b>Immediate Safety Concerns:</b> <i>Please note: Safety concerns and risks identified in Section 3 require a risk management plan to be completed by a Veritas House staff member</i>	<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>If yes, address concerns:</b>
<b>Risks to the person:</b>	<b>Has a risk management plan been completed? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<div> <input type="checkbox"/> Domestic or family violence         <input type="checkbox"/> Unaccompanied under 16-year-old (HYAP)       </div> <div> <input type="checkbox"/> Threats, violence or harassment         <input type="checkbox"/> Risk to accompanying children       </div> <div> <input type="checkbox"/> Suicidal thoughts/self-harm         <input type="checkbox"/> Parental Responsibility of the Minister       </div> <div> <input type="checkbox"/> Physical health         <input type="checkbox"/> Disability       </div> <div> <input type="checkbox"/> Mental health         <input type="checkbox"/> Other       </div>	
Details:	

Risks the person poses to others:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Domestic or family violence  <input type="checkbox"/> Threats, violence or harassment  <input type="checkbox"/> Physical health </div> <div style="width: 45%;"> <input type="checkbox"/> Mental Health  <input type="checkbox"/> Risks to children and / or young people  <input type="checkbox"/> Other </div> </div> <p>Details: _____</p>		
<b>Urgent Safety Issues that require immediate response:</b>	<b>Yes <input type="checkbox"/>      No <input type="checkbox"/></b> <b>Details:</b>	
<b>Locational Restrictions relating to where the young person can be placed?</b>	<ul style="list-style-type: none"> <li>Bail or parole conditions <input type="checkbox"/></li> <li>Legal or AVO requirements <input type="checkbox"/></li> <li>Domestic or Family Violence <input type="checkbox"/></li> <li>Other (please specify): _____</li> </ul>	
Identified Issues:		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Challenging behaviours  <input type="checkbox"/> Cultural/religious  <input type="checkbox"/> Drug &amp; Alcohol use  <input type="checkbox"/> Relationship breakdown  <input type="checkbox"/> Identity papers  <input type="checkbox"/> Living skills  <input type="checkbox"/> Non-family violence  <input type="checkbox"/> Personal safety &amp; wellbeing  <input type="checkbox"/> Sexual health  <input type="checkbox"/> Income support/gov allowance  <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Child Protection  <input type="checkbox"/> Disability  <input type="checkbox"/> Education  <input type="checkbox"/> Food / meals  <input type="checkbox"/> Legal  <input type="checkbox"/> Medical / general health services  <input type="checkbox"/> NDIS  <input type="checkbox"/> Psychological trauma  <input type="checkbox"/> Tenancy support  <input type="checkbox"/> Transition from care arrangement </div> <div style="width: 33%;"> <input type="checkbox"/> Counselling / support  <input type="checkbox"/> Domestic &amp; family violence  <input type="checkbox"/> Employment  <input type="checkbox"/> Gender Identity  <input type="checkbox"/> Literacy  <input type="checkbox"/> Mental health services  <input type="checkbox"/> Parenting / caring  <input type="checkbox"/> Finances &amp; money management  <input type="checkbox"/> General health / wellbeing / self-care  <input type="checkbox"/> Transition from custodial arrangements </div> </div> <p><b>Provide details of issues identified:</b></p>   		

#### Section 4: Accommodation:

<b>Current Homelessness Status</b>	<input type="checkbox"/> At risk of homelessness
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	<input type="checkbox"/> Homeless <input type="checkbox"/> Is not homeless or currently at risk but may be on exit from care
<b>History of Homelessness</b>	<b>Yes <input type="checkbox"/>      No <input type="checkbox"/></b>  <div> <input type="checkbox"/> 1 week to 1 month ago           <input type="checkbox"/> More than 1 to 6 months ago         </div> <div> <input type="checkbox"/> More than 6 months to 1 year ago           <input type="checkbox"/> More than 1 year to 5 years ago         </div> <div> <input type="checkbox"/> More than 5 years ago           <input type="checkbox"/> Don't know         </div>
<b>Young Person has applied for Social Housing:</b>	<b>No <input type="checkbox"/>      Yes <input type="checkbox"/>      T-number:</b>
<b>Person's Current Accommodation:</b> (Include details of where person was last week and 12 months ago)	<div> <input type="checkbox"/> Private house / town house / flat           <input type="checkbox"/> Boarding / rooming house         </div> <div> <input type="checkbox"/> Social housing: Public housing / Community housing / Aboriginal Community Housing / Aboriginal Housing Office           <input type="checkbox"/> Emergency accommodation         </div> <div> <input type="checkbox"/> Couch surfing           <input type="checkbox"/> Hotel / motel / bed &amp; breakfast         </div> <div> <input type="checkbox"/> Young people in statutory care arrangements (SIL, ITC, PSP)           <input type="checkbox"/> Hospital (excluding psychiatric)         </div> <div> <input type="checkbox"/> Caravan           <input type="checkbox"/> Psychiatric hospital / unit         </div> <div> <input type="checkbox"/> Tent           <input type="checkbox"/> Disability Support         </div> <div> <input type="checkbox"/> Cabin           <input type="checkbox"/> Rehabilitation         </div> <div> <input type="checkbox"/> Boat           <input type="checkbox"/> Adult correctional facility         </div> <div> <input type="checkbox"/> Improvised dwelling           <input type="checkbox"/> Youth justice correctional facility         </div> <div> <input type="checkbox"/> Motor vehicle           <input type="checkbox"/> Boarding school / residential college         </div> <div> <input type="checkbox"/> Immigration detention centre         </div> <p><b>Details:</b> _____</p>
<b>Date person must leave this current accommodation:</b>	

## Section 5: Other

Education/Training	
<b>Name of School/TAFE</b>	
<b>Year/Course Details including attendance schedule &amp; support needs</b>	
<b>Contact person &amp; Phone number</b>	
Employment	

Currently Employed	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Type: Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Casual <input type="checkbox"/>
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## Health

Medicare Card Number			
Health Care Card Number			
Treating practitioners who see the child or young person regularly are:			
	Name	Address	Phone
General practitioner			
Paediatrician			
Psychologist			
Psychiatrist			
Dentist			
Other			

## Supporting Documentation

The following documents are attached to this referral form					
Required Items					
Child Assessment Tool (CAT)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Birth Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Client Information Form (CIF A & B)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Current Case Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Court Order (Minute of Care Order)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Independent Living Skills Checklist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documents RE: JJ involvement, bail conditions, AVOs (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Behaviour Support Plan (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Office use only</b>	
<b>Outcome of referral:</b> <input type="checkbox"/> PYI	Date: _____ <input type="checkbox"/> Risk Management plan completed
<input type="checkbox"/> Did not meet criteria <input type="checkbox"/> Referrer has been informed of out come <input type="checkbox"/> Referred to appropriate service	Staff member: <input type="checkbox"/> Management consulted <input type="checkbox"/> Referral accepted <input type="checkbox"/> Wait listed <input type="checkbox"/> Person declined service <input type="checkbox"/> Risk level <input type="checkbox"/> No vacancy <input type="checkbox"/> Referrer has been provided details for appropriate services Provide details: _____ Follow up required: <input type="checkbox"/> No <input type="checkbox"/> Yes provide details: _____ Staff member signature: _____
Manager's signature: _____	