

Service for referral

Reconnect

Youth Engagement

Details of young person:

Date referred:

Name: _____ Gender: _____

Date of Birth: _____ Age: _____

Address: _____

Phone Number: _____ Email: _____

Current School/Education Facility: _____ Phone: _____

Aboriginal Torres Strait Is Cultural Identity: _____

Is a language other than English spoken at home? Yes No If yes, which language? _____

Has consent for this referral been obtained from Young Person: Yes No

Has consent for this referral been obtained from Parent/Carer/Guardian: Yes No

NDIS Plan Yes No NDIS Service _____

(Please Note: If the young person is under 16, the parent needs to be aware of the referral in order for us to make contact with the young person)

Referral Source

Contact Name:	Position/Relationship:	
Organisation: (if applicable):		
Phone:	Mobile:	Email:

Significant Family Members/Other Persons:

Name	Relationship	DOB	Address (If Different)	Contact Number

Other Services Working with Young Person

(e.g. FaCS, CAMHS, Headspace).

Name	Organisation	Contact Number/Email

Do we have young person's permission to contact these services? Yes No

If Yes, please attach any relevant information and assessments, from G. P's, CAMHS, Mental Health Clinicians, School Counsellors etc

REASON FOR REFERRAL: – e.g. What is current cause of risk to young person becoming homeless, or what is causing them to be homeless. What support does the young person want and need? What are the young person's goals?

CURRENT LIVING ARRANGEMENTS FOR YOUNG PERSON:

Any other information you feel may be relevant to this referral for the young person and/ or their family:

Thank you for referring to MCCSA