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| **Eligibility Criteria** |
| [ ]  The young person is between 12-17 years of age[ ]  The young person was assigned female at birth [ ]  The young person is homeless or at risk of experiencing homelessness[ ]  The young person is residing or connected to the Inner West of Sydney |

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| **Which programs are you referring into?** |
| [ ]  Crisis stay (1-4 days) [ ]  Short term accommodation (up to 3 months stay)[ ]  Outreach case work support  |
| Urgency level  | [ ]  24hrs [ ]  2-3 days [ ]  3-5 days [ ]  1 week [ ]  2-3 weeks [ ] 1 month [ ]  1-3 months |

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| **Referrer Information** |
| Date  | Click or tap to enter a date. | Name |  |
| Organisation |  | Email |  |
| Phone |  | Relationship |  |
| Has young person given consent for this referral and data collection? Does young person consent to record client information in databases?Has a Mandatory Report been made? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |

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| **Young Person Details** |
| Full name |  | Preferred name |  |
| Gender |  | Pronouns |  |
| Date of birth |  | Age |  |
| Phone |  | Email |  |
| Current Address |  |
| Country of birth |  | Language |  |
| Residency Status |  | Interpreter required | [ ]  Yes [ ]  No |
| Do you identify as | ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither |
| Parental Responsibility | Contact Details |
| Name, Address & Contact Number |  |
| Name, Address & Contact Number |  |
| Income details | [ ]  Employee Income [ ]  Centrelink (Type: ) [ ]  Nil income |
| School/TAFE/Education/Day Program Details |  |
| *Accommodation* |
| Is the young person currently: | [ ]  Couch surfing [ ] Sleeping rough or in non-conventional accommodation [ ] Residing in short-term or emergency accommodation, due to a lack of other options |
| [ ]  At risk of homelessness |
| Has the young person previously stayed in crisis accommodation, or similar?  | [ ]  No[ ]  Yes – please provide details:Service Provider:Dates/Length of stay:Case Worker Name and Contact Details:Service Provider:Dates/Length of stay:Case Worker Name and Contact Details: |
| *Health* |
| Does the young person have a current medical condition, disability, or mental health diagnosis? [ ]  Yes (provide details below) [ ]  No  |
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|  |
| Health professional contact details |  |
| Health professional contact details |  |
| Is the young person connected with NDIS supports? | [ ]  Yes [ ]  No |
| Is the young person pregnant? | [ ]  No [ ]  Yes – Has this been confirmed by a Health Professional?How many weeks pregnant is the young person? |
| Current Medications | Name  | Dosage | Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
| Allergies |  |
| Substance Use | Does the young person engage in substance use? [ ]  Yes (provide details below) [ ]  No |
| Name | First Used | Frequency of use | Last Used |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Has the young person ever participated in an alcohol and/or other drugs rehabilitation program?[ ] No [ ]  Yes – please specify program and dates: |
| Does the young person vape or smoke cigarettes? [ ]  No [ ]  Vapes [ ]  Cigarettes [ ]  Both |

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| **Support Networks** |
| Please provide contact details for any safe support person identified by the young person, including family, friends, health professionals, school support staff and others |
| Name | Relationship | Contact Number | Consent to contact |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes [ ]  No |

Important information:
To ensure timely processing of referrals, please include the below information where possible with this referral form upon submission to info@girlsrefuge.org.au

* Client consent form
* Parent/Guardian consent (if under the age of 16)
* Legal documents or orders (if applicable)
* Medical reports (if applicable)