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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 | |
|  | | | | |  | | | |  | |
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|  | | | | |  | | | |  | |
| Allergies | |  | | | | | | | | | | |
| Substance Use | | Does the young person engage in substance use?  Yes (provide details below)  No | | | | | | | | | | |
| Name | | | First Used | | | | Frequency of use | | | Last Used |
|  | | |  | | | |  | | |  |
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| 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](mailto: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)