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| REFERRAL FORM |
| Please complete and return to reconnect@salvationarmy.org.au |

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| **ELIGIBILITY CRITERIA** |
| ⬜ The young person is 12 – 18 years of age⬜ The young person lives, studies or works within the Sutherland Shire LGA⬜ Mental health concerns (for either the young person or family member) |
| **REFERRAL BY** |
| Org/Agency: | Date: |
| Staff Name: | Position: |
| Contact Number: |
| Email: |
| ⬜ Is the YP aware of the referral?⬜ Has the parent/carer provided consent to be contacted by Reconnect Mental Health? |
| **CLIENT INFORMATION** |
| Name: |
| Date of Birth: | Gender: |
| Contact Number: |
| Address: |
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| Cultural Background:  |
| Languages Spoken:  |
| **EDUCATION/EMPLOYMENT** |
| School/Institution: |
| Course/Year: |
| ⬜ Is the YP currently attending? |
| Employer/Organisation: |
| Position: |
| Full-time/part-time/casual: |
| **CURRENT CONDITIONS/CIRCUMSTANCES** |
| The YP currently lives: |
| ⬜ at home, with parents/carers | ⬜ in private rental property |
| ⬜ on the streets/homeless | ⬜ with friends/couch surfing |
| ⬜ in crisis accommodation/refuge | ⬜ other |
| Name of person YP lives with: |
| Relationship to YP: |
| Contact details: |
| ⬜ Is there DCJ involvement? |
| **REASON FOR REFERRAL** |
| What are the reasons for this referral? |
| ⬜ Conflict with family/school peers | ⬜ AOD |
| ⬜ Evicted by parents/carers | ⬜ Mental health concerns |
| ⬜ Other (please provide detail below): | ⬜ Family or domestic violence |
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| Has the YP previously seen anyone about these concerns? |

Thank you for your referral. We will be in touch with you soon.