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| REFERRAL FORM |
| Please complete and return to [reconnect@salvationarmy.org.au](mailto: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: | | | |
|  | | | |
| 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 | | |
|  | | | |
| Has the YP previously seen anyone about these concerns? | | | |

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