



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

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.