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| --- | --- | --- | --- |
| **Referrer:** Click or tap here to enter text. | **Agency:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text. | **E-mail:** Click or tap here to enter text. |

**Referral Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** Click or tap here to enter text. | **Alias:**Click or tap here to enter text. | **DOB:**Click or tap to enter a date. | **Date of referral:** Click or tap to enter a date. |

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| --- | --- | --- |
| **Address *(if applicable):*** Click or tap here to enter text. | | |
| **Phone:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. | |
| **Gender Identity**: Choose an item. | **Disability:**Choose an item. | **NDIS:** Choose an item. |
| **Aboriginal/Torres Strait Islander:** Choose an item. | **Residency Status:** Choose an item. | |
| **Country of Birth:** Click or tap here to enter text.  **Date of Arrival:** Click or tap here to enter text. | **Main Language**: Click or tap here to enter text.  **Is an interpreter required:** Choose an item. | |
| **CALD/Ethnicity:** Click or tap here to enter text. | | |
| **Does the young person identify with the LGBTQIA+ Community?** Choose an item. | | **Pronoun?** Choose an item. |
| **Education Level:** Choose an item. | | |

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| --- | --- |
| **Next of Kin:** Click or tap here to enter text. **Relationship:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text.  **Address**: Click or tap here to enter text. |
| **Children or dependants:** Choose an item. | **Are they in your care?** Choose an item. |

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| --- | --- |
| **Primary Concern:** Choose an item. | **Secondary Concern:** Choose an item. |
| **Living Situation:** Choose an item. | **Are you homeless?** Choose an item. |
| **Household Composition:** Choose an item.  **Household Members:** Click or tap here to enter text. | **Employment Status:** Choose an item. |

**Any other reasons for seeking support?**

Abuse  Accommodation  Addiction

Cultural  Education and School  Emergency

Employment &Training  Finances/Debts  Health (Physical)

Identification  Legal Issues  Mental Health

Relationships  Other: Click or tap here to enter text.

**Other Helpful Information (Optional)**

**Legal**

**Current Court Matters *(outstanding charges, warrants, upcoming court dates)***  Choose an item.

**If yes, details *(legal representation, dates etc):*** Click or tap here to enter text.

**Current involvement with Community Corrections** **or Juvenile Justice?** Choose an item.

**If yes, details:** Click or tap here to enter text.

**Finances**

|  |  |
| --- | --- |
| **Centrelink** Choose an item. | **Centrelink No.(CRN):** Click or tap here to enter text. |
| **Income Source or Benefit:** Click or tap here to enter text. | |

**Health**

**Medicare No.:** Click or tap here to enter text. **Immediate Health Needs?** Choose an item.

**Details:** Click or tap here to enter text.

**Other**

**Other relevant information that could assist *(other services, diagnosis, relevant history, attach additional pages if needed)***

**­­­­­­­­­­­­­­­­**Click or tap here to enter text.

**I consent to the referral to Oasis Link In Youth and for my information to be collected and recorded on Salvation Army Date Base?** Yes  No

Name of person providing consent:

Young Persons signature: Date:

Carer/Parent/Guardian signature: Date:

**Please return via email**

[oasisoliy@salvationarmy.org.au](mailto:oasisoliy@salvationarmy.org.au)

432 West Botany Street Surry Hills NSW 2010

**Phone:** 0401 091 473 or 0466 803 267