

The Salvation Army FYRST Parramatta and Fairfield Follow-on Youth Recovery Support Team

FYRST Fairfield
Level 1
50 Macquarie Street
Liverpool NSW 2170
Phone: 0411 204 329 or
0408 242 685



FYRST Parramatta
Suite 2, Ground Floor
95 Phillip Street
Parramatta NSW 2150
Phone: 9687 3499
Fax: 9687 1866

AGENCY REFERRAL FORM

Client Details

Name: _____ DOB: _____

Address: _____

Contact no: _____ Sex: [M] [F]

Does the client have a disability? Yes No

If yes, please describe the nature of the disability:

Language spoken at home: _____

Ethnicity: _____ Interpreter required: Yes No

Previous substance use history:

Assistance required: _____

FYRST SELECTION CRITERIA

- Client aged between 16 and 25 years
- Client identifies with the Western Sydney Area Health Service boundaries
- Client consents to see FYRST staff
- Client will not be requiring immediate care for an acute psychiatric or physical illness
- Client must be voluntary
- Client must be willing to enter into case management and address drug & alcohol issues
- The case management includes assistance links to housing options, relapse prevention, employment, education, legal issues, counselling family issues.

Referring agency: _____

Worker's name: _____ Contact no: _____

I wish to participate in FYRST. I give consent to the information on this referral form and extra information relating to this referral to be given to FYRST staff.

Client's signature

Date