

Client Ref:
Allocated Staff:

REFERRAL FORM

Please complete and return to reconnect.blacktown@ae.salvationarmy.org

ELIGIBILITY CRITERIA	
<input type="checkbox"/> The young person is 12-18 years of age	
<input type="checkbox"/> The young person lives, studies or works within the Blacktown LGA	
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?	
CLIENT INFORMATION	
Last Name:	First Name:
Gender:	DOB:
Address:	
Cultural background: <input type="checkbox"/> Australian <input type="checkbox"/> Aboriginal/ Torres Strait Islander <input type="checkbox"/> Other:	
Languages spoken: <input type="checkbox"/> English <input type="checkbox"/> Other:	
EDUCATION/ EMPLOYMENT	
School/ Institution:	How long has the YP been here?
Course/ Year:	Is the YP currently attending?
Employer/ Organisation:	
Position:	Full-time/ Part-time/ Casual
CURRENT CONDITIONS/ CIRCUMSTANCES	
The YP currently lives:	
<input type="checkbox"/> at home w parents/ carers <input type="checkbox"/> in private rental property <input type="checkbox"/> on the streets/ homeless <input type="checkbox"/> with friends / couch surfing <input type="checkbox"/> in a crisis/ refuge/ TA <input type="checkbox"/> Other:	
Name of Person YP lives with:	
Relationship to YP:	
Contact Details:	
Is there FACS involvement?	
Is the YP under an AVO?	
Does the young person have outstanding SDRO fines?	
→ If so, approximately how much?	
→ If so, is the young person engaged in a WDO program?	
PRESENTING PROBLEMS	
What are the reasons for this referral?	
<input type="checkbox"/> Conflict with family <input type="checkbox"/> Evicted by parents/ carers <input type="checkbox"/> Family or domestic violence <input type="checkbox"/> Conflict at school <input type="checkbox"/> Mental health concerns <input type="checkbox"/> Other (explain):	
How long has the YP been aware of these problems?	
Has the YP seen anyone else about these problems?	
ASSISTANCE NEEDED	
<input type="checkbox"/> Practical Assistance <input type="checkbox"/> Counselling <input type="checkbox"/> Mediation <input type="checkbox"/> Casework <input type="checkbox"/> Other:	