



**TOWNSVILLE
YOUTH
HOUSING
AND
REINTEGRATION
SERVICE**

1/54 Keane Street, Currajong, QLD 4812
PO Box 573, Townsville QLD 4810
Phone (07) 47234212
Fax: (07) 47554967
Email: coordinator@qys.org.au
www.qys.org.au

CLIENT REFERRAL FORM

Referral for the Support Service Referral to the After Care Service

Source of Referral: _____

Person calling: _____ Phone: _____ Mob: _____

Address: _____

Email Address: _____

Details of Young Person

Name: _____ Relationship to caller: _____

Address: _____

Age: _____ DOB: ___/___/___ Phone: _____ Mobile: _____

- School _____ Completing Year _____
- Employment /Training _____

Does the young person identify as: Aboriginal TSI Other: _____

Signature of Young Person: _____

Basic Issues: (Please tick)

- | | |
|--|---|
| <input type="checkbox"/> Child Protection Services /Orders | <input type="checkbox"/> School Issues |
| <input type="checkbox"/> Youth Justice Involvement/Orders(Pre release referral) | <input type="checkbox"/> Mental /Health Issues |
| <input type="checkbox"/> Case Plan obtained from Youth Justice/Child Services(Current support needs. Service history. Risk of harm and protective factors. Client family, kin, friendships. Community supports. Progress and outcomes | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Conflict with parents | <input type="checkbox"/> Client housing Status: (Sleeping rough, unstable, temporary housing, homeless) |
| <input type="checkbox"/> Are there Family and Supports in place? List: _____ | <input type="checkbox"/> Risk of harm and Protective Factors |
| | <input type="checkbox"/> Health / Mental Health Issues |
| | <input type="checkbox"/> Consent obtained from young person |
| | <input type="checkbox"/> Other services involved (Please list) |
| | <input type="checkbox"/> _____ |

Outline of current needs

Office use Only

- Date Referral was confirmed with referrer ___/___/___
- Referral form photocopied and put in folder, and entered on SRS
- Inappropriate Referral/ Referred on to _____



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Information required to determine eligibility & support required

Please complete every section.

Homeless in the last month

- Sleeping rough or in non-conventional accommodation
- Short term or emergency accommodation due to a lack of other options
- Medium to long term boarding house accommodation
- Not homeless
- Young person is transitioning into new sourced accommodation
- Not stated/inadequately described/don't know

Homeless in the last year

- Sleeping rough or in non-conventional accommodation
- Short term or emergency accommodation due to a lack of other options
- Medium to long term boarding house accommodation
- Not homeless
- Not stated/inadequately described/don't know

Imminent Risk of homelessness

- Is the young person at imminent risk of homelessness
- In temporary custodial and care arrangements
- Not stated/inadequately described/don't know

Issues

Interpersonal Relationships

- Time out from family/other situation
- Conflict with parents/guardians
- Conflict with other household members
- Relationship/family breakdown
- Sexual abuse
- Domestic and family violence or threat/s of violence
- Non family violence or threats of violence
- Child abuse, neglect or environments where children are at risk



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Financial

- Problematic gambling
- Housing affordability stress
- Financial stress

Accommodation

- Housing crises
- Inadequate or inappropriate dwelling conditions
- Previous accommodation ended
- Unable to return home due to environmental reasons (relates to the environment such as floods, natural disasters etc.)

Employment/Education

- Employment difficulties
- Unemployment
- Disengaging from school or other education and training

Health

- Mental health issues
- Medical issues
- Problematic drug or substance misuse
- Problematic alcohol use

Other

- Transition from youth detention
- Transition from care of the Department of Child safety
- Itinerant
- Discrimination including racial discrimination
- Other _____

What is the main reason for the young person seeking assistance

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Income

- Government payment _____
- Nil income
- Other income
- Employee wage/salary

Employment Status

- Employed part time less than 35 hrs per week
- Employed full time more than 35 hrs per week
- Unemployed, looking for work
- Not in labour force, not looking for work
- Not stated/don't know

Student/Training

- Enrolled in education/training, not attending
- Enrolled in education/training, attending

Residential Type and Tenure

Who is paying for the young person's accommodation? _____

- Institutional setting(list) _____
- House/unit/flat
- Child Safety residential facility
- Hotel/motel/bed and breakfast
- Boarding/rooming house
- Caravan/tent
- Emergency accommodation
- Couch surfing
- sleeping rough

Who does the young person live with?

