



Client Referral Form

Reconnect – Queensland Youth Services
16 Somer Street, Hyde Park QLD 4812

E: reconnect@qys.org.au P: (07) 4721 1948 W: www.qys.org.au

Reconnect aims to prevent homelessness through early intervention with young people and their families to stabilise and improve their housing situation and increase a young person's level of engagement with family, education, training, employment, and their local community. For more information about Reconnect, a national program funded by the Department of Social Services, delivered by Queensland Youth Services' (QYS), visit <https://www.dss.gov.au/families-and-children-programs-services/reconnect>.

To receive support services from QYS' Reconnect program, a young person must:

- be 12 to 18 years old, and
- live, work or attend school in Townsville, QLD

Section 1. REFERRER DETAILS	
Full Name	Date of Referral / /
Email	Primary Contact Number
Organisation	
Relationship to Young Person	
<input type="checkbox"/> Case/Youth Worker/Manager <input type="checkbox"/> Guidance Officer <input type="checkbox"/> Other (specify) _____	

Section 2. YOUNG PERSON DETAILS	
Full Name	Date of Birth / /
Email	Primary Contact Number
Residential Address	Suburb Post Code
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Say
Cultural Identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Neither <input type="checkbox"/> Other (specify) _____
Recent Education/Employment/ Training History	Year/ Duration

Section 3. PARENT/GUARDIAN DETAILS	
Full Name	Relationship to Young Person
Email	Primary Contact Number
Residential Address	Suburb Post Code
Cultural Identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Neither <input type="checkbox"/> Other (specify) _____
Has the parent/guardian been notified about this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has consent been received from the parent/guardian to progress with this referral? If yes, see below. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If consent has been received from a parent/guardian, provide the following details.	
Parent/Guardian Name	Relationship to Young Person Date Consent Received/Notified / /

Section 4. YOUNG PERSON HISTORY		
Identified Risk Factors		
<input type="checkbox"/> Homelessness or a risk of homelessness <input type="checkbox"/> Financial issues or lack of income <input type="checkbox"/> Conflict with parents/guardians <input type="checkbox"/> Child protection order in place (past or present)	<input type="checkbox"/> Disengagement from school, training, employment, or the community <input type="checkbox"/> Legal issues <input type="checkbox"/> Involvement with other support services	<input type="checkbox"/> Mental health issues <input type="checkbox"/> Disability <input type="checkbox"/> Other (specify below)
If any risk factors have been selected above, further details MUST be provided below.		
Identify the young person's goals to be achieved via Reconnect's support.		
Is this young person receiving support from any other agency? If yes, provide the following.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Agency	Main Contact/ Case Manager	
Email	Primary Contact Number	
Section 5. CONSENT		
I give my consent for this referral to be sent to Queensland Youth Services' Reconnect Program with the objective of improving my engagement with my family, education, training, employment or the local community, and for Queensland Youth Services to collect my personal details for the purposes of contacting me regarding this referral.		
Client Name	Client Signature	Date
If the young person being referred is under 16, a parent or guardian's consent is required to proceed, however if gaining parent or guardian consent is not possible, an appropriate referrer, as identified in Section 1, can provide consent on their behalf.		
Full Name	Signature	Date
Relationship to Young Person		

All completed referral forms must be submitted to the attention of the Reconnect Team Leader via email at reconnect@qys.org.au. For questions or to discuss your referral, call the Reconnect team directly on (07) 4721 1948.