

## CHECKLIST FOR REFERRING A CLIENT TO RECONNECT

Please complete the checklist below to see if a young person you know should be referred to Queensland Youth Services (QYS) Reconnect.

Reconnect helps young people who are homeless, or at risk of becoming homeless, and their families. Reconnect aims to prevent youth homelessness from occurring by intervening early with young people to stabilise and improve their housing situation and improve their level of engagement with family, education, training, employment and their local community.

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

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

Is the young person	Yes	No	Unknown
at risk of leaving home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
couch surfing or staying with friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
living out of the family home (any time in the previous four weeks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you have answered 'Yes' to any of the questions above, please contact QYS Reconnect to discuss referring the young person to Reconnect. If you have answered 'No' or 'Unknown' please refer to the questions below.</i>			
Is the young person at risk of disengaging from	Yes	No	Unknown
school, or disengaged from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friends or family, or disengaged from friends or family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
their community, or disengaged from their community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you have answered 'Yes' or 'Unknown' to any of the above questions, please contact QYS Reconnect to discuss whether a referral should proceed.</i>			

Is the young person engaged with	Yes	No	Unknown
a child protection service currently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a child protection service in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you have answered 'Yes' or 'Unknown' to any of the above questions, please contact QYS Reconnect to discuss whether a referral should proceed.</i>			

If the young person is experiencing other issues like family conflict, or if you know that they are looking for help to improve their level of engagement with family, education, training, employment or their local community, please contact QYS Reconnect.

**Where a young person may be at risk of harm the police or an ambulance should be called.**

**More information about the Reconnect program is available on the Department of Social Services website ([www.dss.gov.au/reconnect](http://www.dss.gov.au/reconnect))**



## CLIENT REFERRAL FORM

Date: \_\_\_\_\_

**Referrer Details:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Organisation: \_\_\_\_\_ Relationship to young person: \_\_\_\_\_

**Parent/Guardian details**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cultural Identity:  Aboriginal  TSI  Other: \_\_\_\_\_

**Parent Guardian notified and consent received to progress referral** YES/NO Date: \_\_\_\_\_

**Details of Young Person:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cultural Identity:  Aboriginal  TSI  Other: \_\_\_\_\_  
 School/Year/Job/Training: \_\_\_\_\_

**Identified Issues:**

- Homelessness or at risk of homelessness
- Mental Health Issues
- School Issues
- Conflict with Parents/Guardians
- Other Services Involved (list below)

**Notes and additional details:**

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- I give consent for a referral to be sent to Queensland Youth Services Reconnect program with the view to improve engagement with my family, education, training employment or local community.
- I give consent for Queensland Youth Services to collect my name, date of birth and contact details for the purposes of contacting me regarding this referral.

Client Name: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_