



### CLIENT REFERRAL FORM

Referral for Support Services

Referral for After Care Service

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**Source of Referral**

Date of Referral:.....

Referring Agency: .....

Referrer: ..... Phone: ..... Mobile: .....

Email Address: .....

**Details of Young Person**

Name: ..... Relationship to caller: .....

Address: .....

Email Address: .....

Age: ..... DOB: ..... Mobile: .....

Male  Female  Self-describe: .....

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

School: ..... Completing Year: .....

Employment / Training: .....

**Consent obtained from young person:** Yes No

Signature of Young Person: .....

Case Plan with another agency? Yes No

Name of agency:.....

Name of contact person:..... Mobile:.....

Transitional Plan with CSYW? Yes No

Name of CSO:.....

Does client have a disability? Yes No

Has client applied for NDIS? Yes No

Are there any family / support in place? Yes No

If yes, support person's name: ..... Mobile:.....

Any known behavioural risks:

Methamphetamine substance user

History of self-harm

History of violent behaviours

Is the client currently receiving medical treatment: Yes No

If yes, name of medical practitioner:.....

## Information required determining 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

### Eligibility

- Exiting or transitioning from Child Safety orders (aged 15-17 years)
- If client is exiting or transitioning from Child Safety, has client applied for Next Step Plus or TILA?
- Transitioning from a period of sentence or remand in youth detention (aged 12-20 years)
- Sleeping rough / primary homelessness (aged 12-20 years)
- Exited from care (aged 18 years)

### 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

### 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?**

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**Notes:**

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