



REFERRAL FORM



Program you would like to refer :

Youth Support

Outreach Support

Fautasi Program

REFERRAL DETAILS

Date Of Referral :

Name Of Referrer :

Agency/ Relationship :

Mobile : E-mail :

CLIENT DETAILS

Full Name :

(PLEASE USE CAPITAL)

Date Of Birth : Gender : Male Female Other

Address :

Mobile : E-mail :

Allergies : Yes No

Preferred method of contact : Parent Young Person

EMERGENCY CONTACT DETAILS

Contact Name : Home Number :

Relationship : Mobile Number :

Address :

CULTURAL PLANNING

Aboriginal or Torres Strait Islander : Aboriginal Torres Strait Islander Both Neither

Cultural Identity :

Main language spoken :

Religious background : Interpreter req. : Yes No

ELIGIBILITY

10-17 Years Old : Yes No

Does the client have Youth Justice involvement? : Yes No Unknown

Is Child Protection currently involved? : Yes No Unknown



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ELIGIBILITY CONTINUED

- Is young person at risk of homelessness? : Yes No Unknown
- Did young person give consent? : Yes No
- Did family give consent to make referral? : Yes No

CONTACT WITH POLICE

- Yes - Recent (last 6 months) Yes No

EDUCATION/FAMILY

- Is young person in School? : Yes No Year Level: _____
- Additional Needs : _____
- Living arrangements : _____
- Is there a history of Family Violence? : Yes No Unknown

IDENTIFIED RISK FACTORS FOR ENTERING THE JUSTICE SYSTEM

- Anti-social behaviour School disengagement Exposure to crime (peers, family, community)
- Family conflict / disconnection Lack of community connection Offending behaviour

REFERRAL DETAILS

- Strengths : _____
- Safety / Risk Factors : _____
inc. workers safety
- Goals/ : _____
Reasons for referring

LTF REFERRALS (TO BE COMPLETED BY LTF STAFF MEMBER)

- First Referral Re-referral
- Referral accepted: Yes No Referral accepted by: _____
- Reasons for rejecting : _____
referral: