LES TWENTYMAN
FOUNDATION

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

Is Child Protection currently involved? ☐ Yes ☐ No ☐ Unknown

If so under which order? : _____

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ELIGIBILITY CONTINUED

Does the young person have a current Youth Justice Order? ☐ Yes ☐ No ☐ Unknown

Does the young person have NDIS funding? ☐ Yes ☐ No ☐ Unknown

Is young person at risk of homelessness? ☐ Yes ☐ No ☐ Unknown

Did young person give consent? (It is suggested to inform young person about the LTF referral) ☐ 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

Name of current School enrolled : _____ Year Level: Year 12

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 : _____

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LTF REFERRALS (TO BE COMPLETED BY LTF STAFF MEMBER)

☐ First Referral ☐ Re-referral

Referral accepted: ☐ Yes ☐ No Referral accepted by: _____

Reasons for rejecting referral: : _____

_____

PLEASE NOTE THIS FORM IS TO BE COMPLETED AND EMAILED TO REFERRALS@LTFOUNDATION.AU