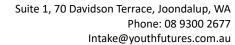


Referral and Assessment Form – Homelessness and Support Services

Date:	Referring person/agency:	Referrer Name:	
Phone:	Email:		
☐ Short-term 2	24/7 supported accommodatio	n Transitional Acco	ommodation: North South
☐ Youth Place	Fremantle You	ing Parents (Nest) 16-1	.9 years: ☐ Housed ☐ Outreach
☐ Altone Yout	th Centre – Case Management	□ Settle	ment Engagement Transition Service
Primary Client D	Petails:		
Full Legal Name:		Name:	
Date of Birth:	Age:	Gender:	Pronouns:
Cultural Identity	:	Contact Number:	
Address:			
Current source of	of income:	Amount per fortn	night:
Primary Languag	ge/s:	Is an Interpreter requi	ired? Yes No
Is the young per	son an Australian citizen or per	manent resident:	□ Yes □ No
If no, please pro	vide details of residency status	:	
	son involved with Child Protect		
If yes, CP	PFS Status: Open Close	ed 🗆 Under the care	e of CEO
Has the young p Youth Futures pr		ferral to be made and f	for their information to be shared with
Is the young per	son okay to be contacted abou	t this referral: 🛛 🗀 Y	′es □ No
•	ther external agencies or suppored with the young person?	ort workers, other than \Box Yes \Box No	
If yes, please pro	ovide the details below, including	ng how long support w	rill continue for:
Does the young	person give us consent to conta	act supporting agencie	es? 🗆 Yes 🗆 No





What are the presenting concerns and/or what would the young person like support with?						
Has the young person pr	reviously accessed ar	ny Youth Futures progra	ms? 🗆 Yes		No	
If yes, please provide the	e details below:					
L Does the young person h	nave a partner they v	vould like to be accomn	nodated with?	□ Yes	□ No	
If yes, please provide de	tails below:					
Full Legal Name:		Name:				
Date of Birth:	Age:	Gender:	Pronouns:			
Cultural Identity:		Contact Number	r:			
Is the young person expe	ecting or do they hav	re any children? 🗆 🗀 🕦	Yes □ No			
If yes, please provide de (Please include how many we		age and DOB of children. Na	ime of father of the o	children)		
What is the young perso accommodation services	•		story? Have they	stayed in a	ny other	





Is the young person on the Department of Housing waitlist or priority list? $\ \square$ Yes $\ \square$ No
If yes, what housing zone are they listed in and when were they listed (if known)?
Can you describe the young person's current family relationships and support network? (e.g primary caregiver, level of support, any significant challenges or concerns.
Is there a history or is the young person currently experiencing any family domestic Violence:
☐ Yes ☐ No If yes, please provide details below:
Does the young person have any mental health concerns or challenges? Please provide details below:
Does the young person have any current or past alcohol and/or substance use? Please provide details below:





Does the young person have any current or past legal history? Please provide details below:
Is the young person on the sex offenders register? $\ \square$ Yes $\ \square$ No
Is the young person currently engaged in any education, training, volunteering or employment? Please provide details below:
Is there any other information you would like to provide:
Please send the completed referral to Intake@youthfutures.com.au
Once the referral has been received by the Intake Team it will be reviewed and sent to the relevant Youth Futures Homelessness or Support Services program. From there they will process the referral and be in touch regarding next steps.
If you have any questions please reach out to the Intake Team either via email or phone 9300 2677.
Office Use Only – Outcome