

Referral and Assessment Form – Homelessness and Support Services

Date: _____ Referring person/agency: _____ Referrer Name: _____

Phone: _____ Email: _____

- ☐ Short-term 24/7 supported accommodation Transitional Accommodation: ☐ North ☐ South
- ☐ Youth Place Fremantle Young Parents (Nest) 16-19 years: ☐ Housed ☐ Outreach
- ☐ Altone Youth Centre – Case Management ☐ Settlement Engagement Transition Service

Primary Client Details:

Full Legal Name: _____ Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Pronouns: _____

Cultural Identity: _____ Contact Number: _____

Address: _____

Current source of income: _____ Amount per fortnight: _____

Primary Language/s: _____ Is an Interpreter required? ☐ Yes ☐ NoIs the young person an Australian citizen or permanent resident: ☐ Yes ☐ No

If no, please provide details of residency status:

Is the young person involved with Child Protection (CPFS)? ☐ Yes ☐ NoIf yes, CPFS Status: ☐ Open ☐ Closed ☐ Under the care of CEOHas the young person given consent for this referral to be made and for their information to be shared with Youth Futures program staff: ☐ Yes ☐ NoIs the young person okay to be contacted about this referral: ☐ Yes ☐ NoAre there any other external agencies or support workers, other than the referring agency, that are currently involved with the young person? ☐ Yes ☐ No

If yes, please provide the details below, including how long support will continue for:

Does the young person give us consent to contact supporting agencies? ☐ Yes ☐ No

Reasons for the Referral:

What are the presenting concerns and/or what would the young person like support with?

Has the young person previously accessed any Youth Futures programs? ☐ Yes ☐ No

If yes, please provide the details below:

Does the young person have a partner they would like to be accommodated with? ☐ Yes ☐ No

If yes, please provide details below:

Full Legal Name: _____ Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Pronouns: _____

Cultural Identity: _____ Contact Number: _____

Is the young person expecting or do they have any children? ☐ Yes ☐ No

If yes, please provide details below:

(Please include how many weeks if pregnant? Name, age and DOB of children. Name of father of the children)

What is the young person's current and previous accommodation history? Have they stayed in any other accommodation services? Please provide details below:

Is the young person on the Department of Housing waitlist or priority list? ☐ Yes ☐ 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? ☐ Yes ☐ 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.

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