

**Referral and Assessment Form – Accommodation Programs**

Date: \_\_\_\_\_ Referring person/agency: \_\_\_\_\_ Referrer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ **Short-term** 24/7 supported accommodation (15-19)☐ **Transitional Accommodation:** ☐ North (16-21) ☐ South (16-21) ☐ Brentwood (16-25)☐ **Youth Place** Fremantle (15-25) **Nest** (young parents 16-19): ☐ Housed ☐ Outreach**Primary Client Details:**

Full Legal Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ 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 or physical health concerns? 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:

How would you describe the young person's ability to manage day-to-day living tasks (e.g., cooking, cleaning, personal care, managing money)?:

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 we will be in touch regarding the next steps in the process.

If you have any questions please reach out to the Intake Team either via email or phone 9300 2677.

**Office Use Only – Outcome**