

YOUTH SUPPORT SERVICE REFERRAL FORM

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

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

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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: _____