

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

Does the client have Youth Justice involvement? : Yes No Unknown

Is Child Protection currently involved? : Yes No Unknown

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: _____