

DEADLY YOUNG WARRIORS REFERRAL FORM

SECTION ONE

Please select : Referral After school and holiday programs Advocacy One off support

Details:

SECTION TWO – REFERRAL SOURCE

Date of referral:	Name of referrer:
Relationship to the referred:	
Address or agency:	Phone:
Email:	

PLEASE CONFIRM PROGRAM HAS BEEN EXPLAINED TO CLIENT and CONSENT TO REFER HAS BEEN GIVEN BY CLIENT: YES NO

SECTION THREE – YOUNG PERSON OR CHILDREN'S INFORMATION

Name:	D.O.B / /
Cultural Identity:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> or (please insert gender)
School:	Phone:
Address:	Email:

SECTION FOUR – PARENT OR CARE GIVER INFORMATION

Name:	D.O.B / /
Cultural Identity:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> or (please insert gender)
Address:	Phone:
DCJ caseworker/office/contact:	
Reason for referral: (must be completed or referral will)	

SECTION FIVE – SERVICES INTERESTED IN

<input type="checkbox"/> After school activities	<input type="checkbox"/> Community Connection	<input type="checkbox"/> Financial support	<input type="checkbox"/> Referral (to other services)
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Counselling	<input type="checkbox"/> Girls group	<input type="checkbox"/> School support
<input type="checkbox"/> Alcohol and drug supports	<input type="checkbox"/> Cultural Support	<input type="checkbox"/> Home work help	<input type="checkbox"/> School holiday programs
<input type="checkbox"/> Camps	<input type="checkbox"/> Drivers Licence	<input type="checkbox"/> Legal help	<input type="checkbox"/> Sports
<input type="checkbox"/> Centrelink	<input type="checkbox"/> Education	<input type="checkbox"/> Mental Health/Health	<input type="checkbox"/> Transport
<input type="checkbox"/> Clothing	<input type="checkbox"/> Employment help	<input type="checkbox"/> Peer support mentoring	<input type="checkbox"/> Work and development
Other/s <input type="checkbox"/> <i>Please specify</i>			

SECTION SIX – JUSTICE INFORMATION

Currently in: <input type="checkbox"/> Community <input type="checkbox"/> Custody Period of incarceration (dates): Date of next Court appearance: Location: Type: <input type="checkbox"/> Criminal <input type="checkbox"/> Family	<input type="checkbox"/> Working and development order Outcomes plan objectives: Due date:
Order upon release: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Order:	JJ Office: Officer:
Bail Conditions (if applicable):	
Lawyers details:	

SECTION SEVEN– RISK FACTORS

Are there any risks we should be aware of? (e.g. risks to staff or the community - ADVO) YES NO If yes, please provide details:

SECTION EIGHT – AGENCY SUPPORT

Are there any other agencies involved? YES NO How many? _____ (List main one)

Agency name: _____

Key Worker name: _____	Contact details: _____
------------------------	------------------------

SECTION NINE– OTHER INFORMATION

OFFICE USE ONLY – Intake outcome

Client rating <input type="checkbox"/> Urgent <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Date & Time: _____
Previous client <input type="checkbox"/> Yes <input type="checkbox"/> No	Meets Eligibility Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No
In Catchment Area <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocated to: _____
Date & Time: _____	
<input type="checkbox"/> Follow up to Referrer to advise of outcome <input type="checkbox"/> Nominated person notified and given further information/advice	
Not accepted <input type="checkbox"/> Yes <input type="checkbox"/> No Why? _____	
Follow up actions (please select one)	
<input type="checkbox"/> Follow up to Referrer to advise of outcome <input type="checkbox"/> Nominated person notified and given further information/advice	
Further information required: _____	