REFERRAL FORM

Referring Person Information

Name of School/Agency		
Name of Referring Person		
Role at school/agency		
Contact Details	E:	P:
Date of referral		

Young Person Information

Name of young person		
Address		
Date of Birth and Age	DOB	Age
Consented to referral		
Contact Details	E:	P:

Parent/s Name		
Contact Details	E:	P:
Consented to referral		

Referral Information

Reason for referral:

Other services currently involved:

Referral for which NESAY Program

PROGRAMS	ELIGIBILITY CRITERIA *(must meet all elements for referral to be considered)*
□ Adolescent Support Program	• At risk of entering the Child Protection *System (notification has been made or is imminent)* • Aged between 10-17 years • Family relationships at risk of breaking down • Risk taking adolescent behaviour • Parenting difficulties
□ Reconnect Program	• Aged between 12-18 years • Homelessness or at risk of becoming homeless • Conflict at home • School disengagement
□ Homelessness Programs	• Aged between 15-25 years • At risk of or who are homeless • Require support to secure safe sustainable housing options, whilst addressing the barriers that contribute to them being "at risk of homelessness".
□ HEAL Program	• Aged between 15-25 years • 5 week program to develop cooking and independent living skills • Presentations from community service providers
□ L2P Program	• Aged 16-20 years • Have a current Learner's Permit • Not have any health issues that affect safe driving • Be unable to achieve the 120hrs without the L2P program due to challenging financial, family or personal circumstances • Be living in Wangaratta or Mansfield Shire Council areas
□ Leaving Care	• Aged between 16-25 years • Transition to post care support • Requires support to transition to post care, whilst working toward independent living.

Record of Consent

☐ **Written Consent**

The worker has explained to be how and why my information will shared about me with other services. I understand this and I am giving permission for this to be shared. I understand that I have the right to withdraw this consent at anytime.

Client's Signature: _____ Date: ____/____/____

Guardian signature *(where applicable)* Date: ____/____/____

OR

☐ Verbal Consent – **Worker's use ONLY**:

I have discussed with the client how and why their information may be shared with other service providers. I am satisfied that the client understands the proposed uses and disclosures, and has provided their informed consent to these.

Consent obtained or witnessed by:

Name:_____ Position: _____

Signed:_____ Date:____ /____/____