

Referral for services 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	M:	P:
Parent/s Name		
Contact Details	M:	P:
Consented to referral		

Referral Information

Reason for referral:

Other services currently involved:

Referral for which NESAY Program

Programs	Eligibility Criteria <i>(Must Meet All Elements For Referral To Be Considered)</i>
<input type="checkbox"/> Adolescent Support Program	<ul style="list-style-type: none"> - At risk of entering the Child Protection System <i>(notification has been made or is imminent)</i>, currently involved with CPU or previously supported by CPU. - Aged between 12-17 years - Family relationships at risk of breaking down - Risk taking adolescent behaviour
<input type="checkbox"/> Reconnect Program: <input type="checkbox"/> <i>Counselling</i> <input type="checkbox"/> <i>Case Management</i>	<ul style="list-style-type: none"> - Aged between 12-18 years - Homelessness or at risk of becoming homeless - Family relationships at risk of breaking down
<input type="checkbox"/> Homelessness Programs	<ul style="list-style-type: none"> - 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".
<input type="checkbox"/> HEAL Program	<ul style="list-style-type: none"> - Aged between 15-25 years - 5 week program to develop cooking and independent living skills
<input type="checkbox"/> L2P Program	<ul style="list-style-type: none"> - 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 Shire Council area
<input type="checkbox"/> Leaving Care	<ul style="list-style-type: none"> - Aged between 16-21 years - Currently in or about to leave Out of Home Care - Requires support to transition to independence

Record of Consent

☐ Written Consent

The worker has explained to me how and why my information will be shared with other service providers.

I understand why this is needed and I am giving permission for this information to be shared.

I understand that I have the right to withdraw this consent at anytime.

Young person's Signature: _____ Date: ____ / ____ / ____

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

OR

☐ Verbal Consent (*Worker's use ONLY*)

I have discussed with the young person how and why their information may be shared with other service providers.

I am satisfied that they understand the proposed use and disclosure, and that they have provided their informed consent to these.

Consent obtained or witnessed by:

Name: _____

Position: _____

Signed: _____

Date: ____ / ____ / ____