



## Referral Form – Leaving Care Services

Please tick  for Service Provider

<input type="checkbox"/>	<b>Mission Australia - Navig8</b> Service Area: South West and Great Southern ☎ 08-9791 4140 ☎ 08-9791 4050 ✉ <a href="#">Email</a>
<input type="checkbox"/>	<b>The Salvation Army - Crossroads West (aged group 15-25) and Transitional Support Services (TSS)</b> Service Area: Perth, Goldfields, Murchison, East & West Kimberley, Pilbara and Wheatbelt ☎ 08-9328 1600 ☎ 08-9328 1655 ✉ <a href="#">Email</a>
<input type="checkbox"/>	<b>Wanslea - My Place</b> Service Area: South Rockingham, Peel/Mandurah ☎ 08-9245 2441 ✉ <a href="#">Email</a>

**Date of Referral**

Details of Young Person			
<b>First name</b>	<input type="text"/>	<b>Last name</b>	<input type="text"/>
<b>Gender</b>	<input type="text"/>	<b>Date of birth</b>	<input type="text"/> <b>Age</b> <input type="text"/>
<b>Country of birth</b>	<input type="checkbox"/> Australia	<input type="checkbox"/> Other - please specify:	<input type="text"/>
<b>Cultural identity</b>	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Other - please specify <input type="text"/>
<b>Address</b>	<input type="text"/>		<b>Post code</b> <input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Has the young person agreed to this referral?</b>	<input type="checkbox"/> Yes - refer to consent form		<input type="checkbox"/> No

Details of Referrer			
<b>Referral made by</b>	<input type="checkbox"/> Myself - ( <i>young person</i> ) refer to details above		<input type="checkbox"/> Agency – refer to details below
Agency Details (if applicable)			
<input type="checkbox"/>	Department for Child Protection and Family Support (CPFS)	<b>CPFS district</b>	<input type="text"/>
<input type="checkbox"/>	Other Agency	<b>Agency name</b>	<input type="text"/>
<b>Name of referrer</b>	<input type="text"/>		<b>Position title</b> <input type="text"/>
<b>Work address</b>	<input type="text"/>		<b>Post code</b> <input type="text"/>
<b>Telephone</b>	<input type="text"/>		<b>Email</b> <input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>

Young person's living and care arrangement			
<input type="checkbox"/>	<b>With parent/s</b>	<input type="checkbox"/>	<b>Family care</b>
<input type="checkbox"/>	<b>Foster care</b>	<input type="checkbox"/>	<b>Residential care</b>
<input type="checkbox"/>	<b>Independent living</b>		<input type="checkbox"/> <b>Other</b> <input type="text"/>
<b>Proposed date for final care plan or when young person is exiting the CEO's care</b> <input type="text"/>			

Details of Young Person's parents			
<b>Mother's name</b>	<input type="text"/>		
<b>Address</b>	<input type="text"/>		
<b>Post code</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>

<b>Father's name</b>			
<b>Address</b>			
<b>Post code</b>		<b>Phone</b>	

<b>Details of Carer or Significant Other</b>			
<b>Name</b>		<b>Carer's relationship to young person</b>	
<b>Address</b>			
<b>Post code</b>		<b>Phone</b>	

<b>Information of Dependants (if applicable)</b>			
<b>Please provide details if the young person has any dependants</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name</b>		<b>Age</b>	
<b>Name</b>		<b>Age</b>	
<b>Name</b>		<b>Age</b>	
<b>Name</b>		<b>Age</b>	

<b>Health</b>			
<b>Has a formal physical, cognitive or mental health diagnosis been made for the young person?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide type of diagnosis ( <i>physical, cognitive or mental health</i> )		<b>Date of Diagnosis</b>	
<b>Name of person who made the diagnosis (include agency name)</b>			
<b>Other diagnosis (if applicable)</b>			

<b>Disability Services Commission</b>			
<b>Is the young person involved with the Disability Services Commission (DSC)?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide DSC Local Area Coordinator contact details</i>			
<b>Worker's name</b>		<b>Telephone</b>	
<b>Address</b>		<b>Email</b>	

<b>Public Trustee/Public Advocate</b>			
<b>Is the young person involved with the following (please tick where applicable)</b>			
<input type="checkbox"/> <b>Public Trustee</b>	<input type="checkbox"/> <b>Public Advocate</b>	<input type="checkbox"/> <b>Not applicable</b>	
<i>If yes, please provide details</i>			
<b>Worker's name</b>		<b>Telephone</b>	
<b>Address</b>		<b>Email</b>	

<b>Housing</b>			
<b>Has a referral for Priority Housing (rapid response) been made for the young person (where there are no other options)?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, which housing zone or town (not suburb) has been requested for?</i>		<b>Date of referral?</b>	

<b>Other Services</b>			
<b>Agency name</b>		<b>Date referral made</b>	
<b>Worker's name</b>		<b>Date referral actioned</b>	
<b>Telephone</b>		<b>Email</b>	
<b>Any other details</b>			

### Other Services

Agency name

Date referral made

Worker's name

Date referral actioned

Telephone

Email

Any other details

### Other Services

Agency name

Date referral made

Worker's name

Date referral actioned

Telephone

Email

Any other details

### Relevant Background Information (Compulsory)

Provide information in **dot points**. Attach additional pages should you run over this page. The information below should align with the young person's dimensions of care and documentation such as the Department for Child Protection and Family Support's Needs Assessment Tool (NAT), Care Plan (leaving care plan), culture and identity plan, education plan, health care plan, that identify background information, current needs and behaviours. Include genogram/ecomap.

#### Reason for entering out-of-home care

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#### Care arrangement

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#### Family history

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#### Care Plan with leaving care planning - decisions/steps to meet the young person's needs when transitioning from care (*attach copy of care plan*)

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#### Social history and relationship with others (*include bullying*)

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**Culture and identity** *(as per cultural and identity plan)*

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**Safety needs/safety plan relating to young person**

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**Details of risk factors that may be associated with the young person's family/support networks/peers**

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**Health issues** *(include natural or synthetic substance use e.g. drugs/alcohol/cigarettes)*

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**Emotional and behavioural issues**

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**History with the Police or Justice System or absconding** *(if none write N/A)*

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**Details of any possible or outstanding criminal injuries compensation claim**

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**Other/additional information**

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Please tick (✓) the areas where the young person needs assistance and specify what needs to happen for the young person to develop the skills to prepare them for independent living (also include areas of strength)

<b>Life skills development</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Social development</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Communication skills</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Hygiene/self care skills</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Employment, education or training</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Medical management skills</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Accommodation/home maintenance</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Legal issues</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Budgeting/money management skills</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Other</b> <input type="checkbox"/> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>

**Please confirm that you have included with this referral form**

1. Copy of young person's current care plan with leaving care planning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Copies of other information relating to leaving care planning such as education, cultural, health etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Copy of young person's genogram and/or ecomap.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If current care plan or other documents are not available just yet, will send through separately in consult with service provider.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of referrer \_\_\_\_\_ Date \_\_\_\_\_

## Young Person's Consent

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
full name of young person name of organisation/agency  
to make this referral and release relevant information to \_\_\_\_\_  
name of leaving care service provider

I understand that the information provided in the leaving care services referral application will be useful and helpful for the leaving care service provider/s to assist me with the provision of information, social and advisory services to:

- Seek/obtain accommodation
- Seek/undertake education and training
- Seek/obtain employment
- Seek/obtain legal advice
- Seek/access health services
- Seek/access counselling services

I understand that this information may be exchanged verbally or in writing, whichever is appropriate for the situation.

I understand that I am able to withdraw from this service at any time by notifying my case worker (if I am under 18 years old) or the service provider (if I am over 18 years old).

Young person's signature \_\_\_\_\_

Date \_\_\_\_\_

Name of witness \_\_\_\_\_

Witness signature \_\_\_\_\_

Date \_\_\_\_\_