



## Reconnect Client Referral Form

P: (02) 9556 1769 | F: (02) 9556 2679 | reconnect@2connect.org.au | www.2connect.org.au

Please return this intake form by email. If you are unsure whether the referral is suitable, or would like to discuss your referral further, please call the contact number above and ask to speak with a Reconnect worker. You will be informed whether this referral has been accepted following our intake procedures.

**Please note, Reconnect is not a crisis service. If the young person is in immediate risk of harm please direct to relevant emergency department.**

### REFERRAL CRITERIA

The Reconnect program uses community-based early intervention services to assist young people aged 12 to 18 years who are homeless, or at risk of homelessness, and their families. Reconnect assists young people to stabilise their living situation and strengthen family relationships, improve their level of engagement with education, work, training and their local community through: case management, counselling, outreach, and family support/mediation.

Please consider referral criteria below before referring:

- Young person is aged 12 to 18 years
- Young person lives, works, or studies in the St George area
- Young person is at risk of homelessness as a result of personal and/or family circumstances, including disengaging from school.

### REFERRAL SOURCE

Date:

Contact Name:

Position/Relationship:

Organisation (if applicable):

Phone:

Mobile:

Email:

### DETAILS OF PRIMARY CLIENT

SLK..... REF

No.....

Name:

Gender:

Date of Birth:

Age:

Address:

Suburb:

Postcode:

Home Ph:

Mobile:

Language (spoken at home):

Cultural background/identity:

County of Birth:

Consent for this referral has been obtained from?  Young Person  Parent/Carer/Guardian

### SIGNIFICANT FAMILY MEMBERS/OTHER PERSON

Name	Relationship	DOB	Address (if different)	Contact Number
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**REASON FOR REFERRAL/WHAT CLIENT & REFERRER HAVE IDENTIFIED AS THE SERVICES REQUIRED**

Case management       Counselling       Outreach       Family support/mediation

**CURRENT LIVING ARRANGEMENTS OF YOUNG PERSON**

**FAMILY SITUATION/ISSUES**

**OTHER ISSUES RELATING TO YOUNG PERSON**

[i.e., Health/Mental Health /AOD issues]

[i.e., Domestic violence/ Violence/ Legal issues]

**EDUCATION/EMPLOYMENT STATUS OF YOUNG PERSON**

[i.e., Education level reached / Name of school and attendance / Previous or current jobs held]

**OTHER SIGNIFICANT INFORMATION**

[i.e., interpreter required? Strategies already used to deal with issues, parental language, special needs of family, permission to leave messages on answering machine, appropriate times to contact, etc.]

**OTHER SERVICES INVOLVED**

[Name and contact details if applicable]

**FOLLOW –UP ARRANGEMENTS/REFERRAL (Reconnect Staff Only)**