

# Accommodation & Support Services Referral Form

Return completed form to

Marist180 Referrals and Intake Officer 02 9672 9288 [referrals@m180.org.au](mailto:referrals@m180.org.au) PO Box 589, Seven Hills NSW 1730

After Hours 5pm-8pm & Weekend all On Call Referrals please call 0438 285 502

Please Note: Information collected at the time of referral is captured in our own database and other national databases.

## Referral Source

Date	Referrers Name	Organisation
Email	Phone	Self-referral <input type="checkbox"/> Yes <input type="checkbox"/> No

Short-term/ emergency accommodation (16-20)	Other Housing/ Accommodation	General Assistance and Support	Specialised Services
<input type="checkbox"/> Crisis Accommodation <input type="checkbox"/> HAYS*	<input type="checkbox"/> Independent/ Transitional Accommodation	<input type="checkbox"/> Outreach Support <input type="checkbox"/> Daramu* <input type="checkbox"/> Mudjin Byala*	<input type="checkbox"/> JJ Crisis Accommodation <input type="checkbox"/> Homeless Youth Assistance Program (12-15)

Please visit [www.marist180.org.au](http://www.marist180.org.au) to learn more about our programs

Programs marked \* are for persons who identify as Aboriginal or Torres Strait Islander

Have you contacted any other services today?  Yes  No  Don't know

How soon is the service required?  < 24 hours  24-48 hours  3-4 days  5-6 days  7-14 days  > 2 weeks  Don't know

## Young Person Details

First Name	Middle Name	Surname	AKA
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	Age	
Cultural Identity <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Other (specify):			
Place of Birth	Preferred Language	Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address	Period at Address		
Phone	Mobile	Significant Other	
Current income details	Source	Amount per fortnight	
School/ TAFE/ Employment/ Day Program:	Contact person & phone		

## Young Person's Identified Risks/ Needs/Responsivity Issues

### Significant Risks/ Needs/ Alerts

e.g. substance misuse, history of violence or threatening behaviour, negative peer associations, prolific offending, sexualised behaviours, verbal/physical aggression. \*\*Please include any known triggers and/or recommended risk reduction strategies

### Significant Responsivity Issues

e.g. cultural or language issues, cognitive or physical disability, mental or physical illness, abuse/trauma history, family issues.

\*\*Please include below details of any current medical condition or mental health diagnosis

## Family Situation

Who has Parental Responsibility for the Young Person?

Mother details	Name & Address	Phone
Father details	Name & Address	Phone
Other Significant Contacts		Phone
<b>Emergency Contact</b> in case of hospitalisation, etc if not parents		Phone

## Health/ Mental Health/ Disability Details

Does the client have any current medical condition or mental health diagnosis?  Yes  No

Condition	Does this require medication?	Provide details
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Health professionals / Services involved	Contact	Location
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Does the client have any diagnosed disabilities?  Yes  No Specify:

\* If you have any known strategies for dealing with mental health condition/s for this client please attach to this referral

## Recent Accommodation History

Previous Address / Organisation / Contact person	Phone	Dates	Reason for leaving

## Legal Status (Please provide summary of current charges, if required)

Offences	Court Order	Next Court appearance	Name of Court

Is YP subject to any conditional Bail Order?  No  Yes\* \*If Yes: attach copy of current Bail Order

## Referral Completion

This referral was completed by

Name:	Position:
Signature:	Date:

### PLEASE ATTACH TO THIS FORM:

- The consent form signed by the young person
- The consent form signed by the parent or guardian of the young person, where the young person is under 16
- Any required legal orders or report

To avoid delays assessing this referral, please ensure the form is complete and any required attachments are included

## Complete for JJ Crisis Accommodation Referrals\*\* only

Juvenile Justice Centre or JJCS Office:	Expected release date if in custody:
JJO name/phone:	Email:
Is this a VOOHC Client? <input type="checkbox"/> Yes <input type="checkbox"/> No	For VOOHC clients, or clients aged under 16 years; Do you have parental consent for this client to be supported by Marist180 accommodation services? <input type="checkbox"/> Written <input type="checkbox"/> Verbal

\*\*It is understood that acceptance of this referral by Marist180 would be made on the condition that within 2 working days a case conference will be convened between Marist180 Caseworker and Juvenile Justice supervising officer &/or other significant stakeholders

## Consent to Receive and Request information (all clients)

I, \_\_\_\_\_ authorise the staff from Marist180 to release information relevant to my referral to Marist180. I also authorise Marist180 to request information that may be relevant to my referral.

I, \_\_\_\_\_ request that the staff at Marist180 refrain from contacting the following people:

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Young Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required for under 16's only)

Witness/Referring Worker \_\_\_\_\_ Date \_\_\_\_\_

### Privacy Statement

Marist180 will only seek to obtain information about you with this signed written consent.

Information obtained will be used solely for the purpose of ensuring an accurate assessment of your needs and determining our ability as a service provider to meet those needs.

Information obtained will only be released to a third party with your prior written consent, unless as a requirement of law and only then at the formal request of a court of law. Marist180 does release information if it is relevant to a case plan or future accommodation needs.

Information obtained may be shared within the agency amongst staff working on your behalf. However this information will be shared on a need to know basis only.

Information obtained may be stored in a client file for a minimum period of 7 years. Certain records may be stored for significantly longer periods as required by law.

The Agency is responsible to ensure the privacy of your information and at all times will work towards ensuring that your privacy is maintained.

*Please return this form and any other relevant information such as clinical reports to the referral worker at the details below:*

**Marist180 Referrals Worker**  
Phone: 02 9672 9288  
Email: [referrals@m180.org.au](mailto:referrals@m180.org.au)