

Accommodation & support services referral form

Return completed form to

Intake Area Call. 02 9672 9288 Email. referrals@maristyc.com.au
 MYC Referrals and Intake Officer 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	Yes	No

Short-term/ Emergency accommodation	Other Housing/ Accommodation	Other Housing/ Accommodation	Specialised Services
Crisis Accommodation Maggie's Place HAYS (ATSI Specific)	Independent/ Transitional Accommodation	Outreach Support	JJ Crisis Accommodation

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 (YP)

Name	AKA			
Gender	Male	Female	DOB	Age
Cultural Identity	Aboriginal	Torres Strait Islander	CALD	Other (specify)
Preferred Language	Interpreter required			Yes 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

Emergency Contact in case of hospitalisation, etc if not parents

Phone

Health/ Mental Health Details

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

Condition Do they require medication? Provide details

Yes No

Yes No

Health professionals / Services involved Contact Location

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

Offences	Court Order	Next Court appearance	Name of Court
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Is YP subject to any conditional Bail Order? Yes* No *If Yes: attach copy of current Bail Order

Referral Completion (This referral was completed by)

Name Position

Signature Date

PLEASE ATTACH TO THIS FORM: 1. The consent form signed by the young person. 2. 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

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

Marist180

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