

Client Referral Form

Date of Referral: _____

Clients Name: _____

Date of Birth: _____ Age: _____

Gender: _____ Cultural Identity: _____

If Referring with Partner / other, state relationship to this person: _____

Clients Name: _____

Date of Birth: _____ Age: _____

Gender: _____ Cultural Identity: _____

Referring Worker's Name: _____

Organisation and Position: _____

Telephone/ Email/ Other: _____

How did you find out about us: _____

PLEASE INDICATE WHAT TYPE OF SUPPORT YOU ARE SEEKING (tick as many as apply)

- Immediate Housing (HYAP House, Penrith House)**
 HYAP House 12-15yo. Male and Female, HYAP focuses on family work, family restoration, educational engagement and early intervention.

 Penrith House 16 -18yo. Male and Female supported short term housing. Providing living skills support, referrals to access health services, advocacy, support to access day programs, referrals to transitional and other stable accommodation with full case management support. BASS beds are available at all units.
- Transitional Housing (Not immediate/not a crisis option)**
 For 17 – 24yo, M & F, housing for individuals or couples, mostly shared properties, some single properties. Referrals to specialist services, tenancy skills, living skills support, advocacy, full case management.

 Must be capable of living without direct supervision and financially able to support self.
- General Outreach Case Management**
 For any young people, 12-25yo, living in the Penrith, Hawkesbury & Blue Mountains regions, to work on personal goals and development needs, build healthy relationships, develop independence, connect with community support and maintain secure accommodation or seek alternate accommodation.

 HYAP outreach specialised early intervention for families with 12–15-year-old to prevent family breakdown.
- Youth Initiative (has limited transitional housing/ not immediate/ not crisis option)**
 For any young people, 16-21 years old, living in the Penrith, Hawkesbury & Blue Mountains regions, who are transitioning from Out of Home Care. Clients receive wrap-round support, to increase their independence living skills working with their Personal Advisor. Those eligible for the transitional housing component also work with a Transitional Housing Worker to build their capacity to maintain and sustain their property with the option to take over the lease themselves at the end of the program.
- Domestic, Family and Sexual Violence Support**
 Specialised case management support to young people who identify as female, aged 16–25 years, in the Hawkesbury area, through our dedicated Domestic, Family, and Sexual Violence (DFSV) Caseworker.

 Support is individually tailored, flexible, and prioritises safety, choice, and empowerment. Services may include comprehensive risk assessment, safety planning, assistance with reporting to police or navigating legal systems, access to accommodation and housing pathways, financial support, and counselling.

REFERRING WORKER'S DECLARATION:

I confirm that the information provided is accurate and complete to the best of my knowledge, including any information relevant to the safety of this person, other clients and staff. Included are any matters of sexual misconduct (please see other relevant information).

Signature: _____ Date: _____

Client's current or last address / Service:	
Telephone / Mobile:	
Email:	
Guardian (if under 18yrs) Address & Telephone No:	<i>Note: MUST provide contact for a legal guardian if client is under 16.</i>
Daytime Activity & Income Info:	<i>Note: Program: School, TAFE, employment Income: Centrelink, wages</i>
Mental Health Issues: (please include treating Dr, any meds or treatment plans)	<i>Note: Diagnosis if known or self-identified</i>
D&A Issues: (please inc. frequency and amounts of use and date of last usage)	<i>Note: History and or current</i>
Health Issues or Allergies: (please include treating Dr, any meds or treatment plans)	
Incidences of Violence or Aggression (inc. AVOs, and approx date of incident/s)	<i>Note: History and or current</i>
History of Legal Involvement (please inc. charges and pending court dates):	<i>Note: History and or current</i>
Family Supports / Family issues (please include any custody issues)	

Please list past Accommodation Services, or Housing situations (from most recent)

Please list other significant support people / services & contact info

Any other relevant Information

Permission to Obtain and Release Information

Whilst you are a client of Platform Youth Services (Platform), there may be the need to request or provide information to or from another person who is involved with you in some way. Due to privacy laws in Australia, we are unable to request or provide information to others without your consent. Therefore, we need you to nominate people who we can contact if we need information about you for a specific reason, in relation to your case plan. We also need you to nominate anyone who you are happy for us to give information to when it is requested from us.

There are some situations however where we must by law provide information to others when requested. This would include a request for information from the Police or from Department of Communities and Justice (DCJ) or in some cases in an emergency medical situation. You also need to know that there are some situations where we must notify certain information to DCJ or parents when it is mandatory for us to do so, relating to section S16A of the NSW Child Protection Legislation under the Keep Them Safe Initiative.

Platform is funded by NSW Department of Communities and Justice (DCJ), and we are required to provide our funding body with information regarding the services and support we provide to each client. This information is collected and collated by the Australian Institution of Health and Welfare (AIHW) via CIMS. The information does not identify any person we work with and is not given to other organisations. More information can be given to you about CIMS and what information is collected by our funding body.

If you are unsure of any of these things, please discuss this with the worker on shift or your Support Worker.

Thank you

CEO – Platform Youth Services

I hereby give the staff of Platform permission to release, obtain and discuss relevant information about me with agencies I am being referred to or from as part of my case management with the service.

This consent is valid for a period of 12 months.

I provide consent for: (tick all that apply)

- My personal information to be gathered, by Platform Youth Services, from a third party to assist with the assessment of my accommodation and support needs.
- My personal information (name, gender, date of birth, suburb, country of birth) and the name and date of the service from where I am seeking homelessness assistance, to be available to other government and non-government homelessness services in NSW for one year after today's date (Statewide Consent CIMS).
- The service assessing my current accommodation and support needs to access my personal information as previously gathered by government and non-government homelessness services in NSW (Statewide Consent CIMS).
- My personal information gathered as part of my accommodation and support needs to be discussed with and/or electronically transmitted to specified government and non-government services/ departments with a view to these services providing me with support and /or accommodation.
- I have had the AIHW data collection explained to my satisfaction, and consent to my data being used.
- I consent to Platform Youth Services using my photographs, video and audio recordings (and/or my property) and use these in promotion of Platform Youth Services in media publications and through social media (16 years or older, otherwise parent guardian consent is required).
- This form has been explained to me, and I understand that if I wish to, I may change it at any time.

Please Specify:

Including: _____
(Insert individual services names, i.e. Family, Centrelink, DCJ, JJ, Accom services, health services etc.)

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(Insert individual services names, i.e. Family, Centrelink, DCJ, JJ, Accom services, health services etc.)

Signed (Client): _____
 Name: _____
 Date: _____

Signed (Staff): _____
 Name: _____
 Date: _____

OFFICE USE ONLY	Name of staff completing: _____
Verbal Consent given: (Initial) _____	Reason for verbal consent: _____
Date Entered on CIMS: _____	Assessment Date: (if applicable) _____