

YSF001- Case Management Referral Form

One-on-one case management support provides young people with access to information, referrals, advocacy, goal setting and informal counselling which is tailored for each young person based on their unique needs. This service is available Monday to Friday, 10am – 6pm and is available for all young people from 12 to 25 years old.

Referrer details:

Referrer Name	
Referrer Contact Details	
Agency (if applicable)	
Address	
Date of referral	

Young persons details:

Name		DOB		Age	
Address		Gender			
What is the young persons cultural background?					
Email		Mobile		Phone	
Are there any safety concerns when contacting young person by phone/mail?					
Who does the young person live with?					
Education/employment status?					
Is the young person aware of referral?					
Other agencies currently involved?					

Parent/ guardian details:

Name		Phone	
Address			
Is the parent/guardian aware of referral?	YES	NO	

Young persons preferred location of case management sessions:

Community setting:	YES	NO
School based (If YES please note that parental/guardian consent is required for this option):	YES	NO
Parent/ guardian consent obtained:	YES	NO
Date consent obtained:	From (parent/ guardian name)	By whom: (worker)
Name of school:		

Does the young person require support with any of the following?

	Yes		Yes
Accommodation		Numeracy / Literacy	
Food		Job Application / Resume Assistance	
Clothing		Courses / Education	
Financial/Income Support		Finance / Budgeting	
Physical Health Problems		Legal Info	
Mental Health		Personal Safety	
Sexual Health		Communication Skills	
Drugs/Alcohol/Smoking		Housing Advice	
Domestic Violence		Cooking / Nutrition	
Family Conflict		Relationship issues with family	
Self Esteem		Relationship issues with peers	
Confidence		Relationship issues with partner	
Stress		Religious / Cultural Needs	
Anger		Other	

Risk to self or others? (include self-harm/suicide attempts, violence, threats of violence)

Please provide a brief summary of young person's situation, family and relevant background information. What is the purpose / goal of referral?

Protective factors:

What is going well for the young person?	
Is the young person currently engaged in any recreational activities or has been in the past?	
What do you believe the young persons' strengths, gifts, talents, skills, likes and dislikes are?	
Any further information regarding young person?	