|  |  |
| --- | --- |
| **Name of referring person:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of organisation:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact details:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| *NB: Young person needs to be contacted and agree to be referred to the Program* ***prior*** *to completing this referral* |
| **Young Person’s details** |  |
| Do they agree to referral? | Yes / no  |
| If yes, do they consent to being contacted by a SCF worker?  | Yes / no |
| ***I understand and agree that BYS has a requirement to collect my personal information for the purposes of being able to provide support to me and be accountable for the services they provide. I understand that….*** |
| *[ ]  Only the information provided on this form will be collected by BYS to enable initial support* |
| *[ ]  BYS will collect and store the information shared on this form in a safe and secure way, protecting my right to privacy* |
| *[ ]  BYS will seek my full consent upon being accepted into the program* |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| D.O.B. / Age: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location / suburb: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Family member’s details** |  |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location / suburb | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to young person: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have they been contacted? | Yes / no |
| Are all family members willing to engage with support? | Yes / no |
| If yes, do they consent to being contacted by SCF worker?  | Yes / no |
| ***I understand and agree that BYS has a requirement to collect my personal information for the purposes of being able to provide support to me and be accountable for the services they provide. I understand that….*** |
| *[ ]  Only the information provided on this form will be collected by BYS to enable initial support* |
| *[ ]  BYS will collect and store the information shared on this form in a safe and secure way, protecting my right to privacy* |
| *[ ]  BYS will seek my full consent upon being accepted into the program* |

**Eligibility Check**

|  |  |
| --- | --- |
| **Early Intervention program****The young person** | **Transition Program (BYS only)****The young person is ageing out or exiting BYS *and*** |
| ☐ is living at home with family but at risk of having to leave or has recently left home☐ wants to strengthen their relationship with a family member so they have improved support to live at home or live independentlyAND/OR**The family member(s)**☐ wants to strengthen their relationship with their young person to improve support to them to live at home or independently | ☐ has suitable and stable housing☐ is still supported by an existing BYS program and getting ready to transition out, and☐ has indicated/expressed interest in wanting to re-establish a relationship with a family member, AND/OR☐ has a family member that wants support to strengthen their relationship with their young person |

**Further information – young person**

**What does the young person say are the main issues in their relationship with their chosen family member?**

**How is this impacting the young person?**

**Further information – family member/s (complete if able)**

**What does the family member/s say are the main issues in their relationship with the young person?**

**How is this impacting the family member/s?**

|  | **Further info (optional):** |
| --- | --- |
| Could the young person’s housing stability be improved if this relationship is improved?Yes / no / not sure |  |
| Are there any identified safety concerns in this relationship?Yes / no / not sure |  |
| Does the young person have other supports in their life (personal or professional)?Yes / no / not sure |  |
| Are there any other issues impacting the young person?* Mental health
* Substance use
* Disengagement from school or work
* Other
 |  |
| Are there any other issues impacting the family member/s?* Mental health
* Substance use
* Disengagement from school or work
* Other
 |  |

**Any relevant additional information:**

**Complete referral and email this form to** safeandconnected@brisyouth.org

**You will be notified by a SCF Worker of the outcome of the referral.**