

Ruby's Referral Form



The Ruby's Reunification Program supports young people, aged 12-15 years, who are homeless, or at risk of homelessness, and their families/carers.



It is our preference for the young person to be actively involved in this referral process. Please contact us in instances where this has not been possible to discuss this further.

Young person's consent:

Does the young person consent to the referral? Yes ☐ No ☐

Date of consent:

If yes, do they consent to being contacted by a Ruby's worker? Yes ☐ No ☐

The young person understands and agrees that BYS must collect their personal information to support them and be accountable for services provided. The young person understands 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 their right to privacy.
- ☐ BYS will provide a clear explanation of the program and seek their full consent should they move forward with working with the Program.

Young person's (YP) details:

Name:

Date of birth:

Pronouns:

Address:

Phone number:

Is it safe to contact the YP on this number ...

Text ☐

Call ☐

Does the YP identify as ...

Aboriginal &/or Torres Strait Islander ☐

CALD ☐

LGBTIQA+ ☐

Does the young person currently attend school? Yes ☐ No ☐

Name of school:

Current living situation:

- | | |
|--|--------------------------------------|
| <input type="radio"/> Living at home | <input type="radio"/> Other family |
| <input type="radio"/> Couch surfing | <input type="radio"/> Sleeping rough |
| <input type="radio"/> Independent private rental | <input type="radio"/> Other: _____ |

Chosen family member's (CFM) details:

Name:

Phone number:

Relation to YP:

Location/suburb:

Have they been contacted? Yes ☐ No ☐Are all family members willing to engage in support? Yes ☐ No ☐If yes, do they consent to being contacted by a Ruby's Worker? Yes ☐ No ☐

The CFM understands and agrees that BYS must collect their personal information to support them and be accountable for services provided. The CFM understands 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 their right to privacy.
- ☐ BYS will provide a clear explanation of the program and seek their full consent should they move forward with working with the Program.

Relationship information**Young person**

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

How is this impacting the young person?

Chosen family member

What does the CFM say are main issues in their relationship with their young person?

How is this impacting the CFM or other family members?

Further information

Could the YP's housing stability be improved if this relationship is improved?

Yes

☐

No

☐

Unsure

☐

Details:

Are there any identified safety concerns in this relationship?

Yes

☐

No

☐

Unsure

☐

Details:

Does the YP have other supports in their life, personal or professional?

Yes

☐

No

☐

Unsure

☐

Details:

Are there any other issues impacting the young person?

- ☐ Physical health: _____
- ☐ Mental health: _____
- ☐ Disability: _____
- ☐ Substance use: _____
- ☐ Disengagement from education/employment: _____

Are there any other issues impacting the CFM or other family members?

- ☐ Physical health: _____
- ☐ Mental health: _____
- ☐ Disability: _____
- ☐ Substance use: _____
- ☐ Disengagement from education/employment: _____

Referrer details:Name: Organisation: Position: Date of referral: Email: Phone number: Email directly to: rubys@brisyouth.org

You will be notified of the outcome of the referral and next steps.

**brisyouth.org**