



B9.01

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 LGBTIQ+

Does the young person currently attend school? Yes No

Name of school:

Current living situation:

- Living at home
- Couch surfing
- Independent private rental
- Other family
- Sleeping rough
- 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:

<input type="text" value="Name:"/>	<input type="text" value="Organisation:"/>
<input type="text" value="Position:"/>	<input type="text" value="Date of referral:"/>
<input type="text" value="Email:"/>	<input type="text" value="Phone number:"/>

 Email directly to: rubys@brisyouth.org
You will be notified of the outcome of the referral and next steps.

