Intake and referral form

PROGRAM ARTS ☐ OUTDOOR ☐

Person making referral/giving information

Type/service: ☐ Self ☐ Parent/Carer ☐ School ☐ FaCS ☐ Police ☐ Community ☐ Other	
Service name	Date
First name	Surname
Phone	Email
How did you hear about our service?	
Is the person below aware you are referring them to our service? ☐ YES ☐ NO	
Are you aware if the person/family below has an open case with Family & Community Services? ☐ YES ☐ NO	

Intake information

First name	Middle name
Surname	Date of birth
Address	
Suburb	Postcode
Phone 1	Phone 2
Email	
Town and country of birth	Cultural group identifying with
How many family members speak a language other than English at home	
Number of parent/carers in family	
Number of parent/carers with a disability	
Emergency contact name	Phone

Parent/carer information (Please complete if person referred above is under 18 years of age)

First name	Surname
Phone 1	Phone 2
Email	

Young person/family mode of transport

Does someone in the family drive and own a car?
Does the young person/family feel comfortable using public transport?

Young person creative stream (if applicable)

☐ Dance ☐ Drama ☐ Music (Note; if you choose MUSIC you must have some experience in singing or playing an instrument as we cannot teach from scratch)

What experience do you have in your chosen stream?

WVX8826_1508

Why are you making this referral

Factors relating to referral (Tick where applicable/known)

- ☐ ATSI
- ☐ CALD
- ☐ Cultural issues
- ☐ Grief & loss
- ☐ Domestic violence
- ☐ At risk of homelessness
- ☐ Education/school attendance
- ☐ Youth training
- ☐ Self harm
- ☐ Other:
- ☐ Group work program:
- ☐ Parent education
- ☐ Relationship issues
- ☐ Anxiety
- ☐ Social isolation
- ☐ Drug & alcohol
- ☐ Life skills
- ☐ Relationship difficulties with peers
- ☐ Youth employment
- ☐ Suicide attempts
- ☐ Pregnancy
- ☐ Financial
- ☐ Depression
- ☐ Employment
- ☐ Accommodation
- ☐ Language/literacy problems
- ☐ Bullying
- ☐ Court issues

If aged under 18, is their current attendance LOW in any of these 3 areas? ☐ School ☐ Vocational training ☐ Employment

Positive factors relating to referral (Tick where applicable/known)

- ☐ Stable family environment
- ☐ Readiness for change
- ☐ Participation in community networks
- ☐ Spiritual and/or religious identity
- ☐ Secure relationships/attachments
- ☐ Healthy coping strategies
- ☐ Strong support network
- ☐ Strong cultural identity and pride
- ☐ Positive school/ work environment
- ☐ Economic security
- ☐ Communication and social skills
- ☐ Access to education/ services

Comments (if applicable)

Sending this referral

Please ensure you have completed all or as much of this form as possible before sending.

Contact:
Ph: (02) 9857 2542
Mob: 0419 479 981
Email: operationhope@wesleymission.org.au
Web: wesleymission.org.au

Office use only

Intake decision

Client rating ☐ Low ☐ Medium ☐ High ☐ URGENT ☐ **Information & referral provided**

Client intake assessment location: Date: Time:

Client in funded geographical area ☐ YES ☐ NO **Client in funded age range** ☐ YES ☐ NO **Previous client** ☐ YES ☐ NO

☐ **Not accepted**

Why?

Not accepted follow up actions (please select one)
☐ Follow up to Referrer form sent to referring service list on this form
☐ Parent or young person notified and given referral & information advice Date

☐ **Accepted – starting term:** Date

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