



## Referral Information

Referral date: Referring Service:

Referring Worker: Referral location:

Contact (Email):

Contact (Phone):

Care Coordination Group referred to:

*Please send the completed referral form and accompanying Client Information and Consent form (also available from your Coordinator) to your local **Regional Care Coordinator**.*

*Their [contact details are available here on The Deck](#).*

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## Client details

Name: Date of Birth: Gender identity:

Household type: Pronouns:

Number of adults:

Number of children:

Number of dependents (18-24):

Cultural background:

First language:

Interpreter Required:    Yes                  No

Does any member of the household identify as LGBTIQ+?    Yes                  No

Housing situation:

Has the client or any member of the household served in the Australian Defence Force?    Yes                  No                  Unknown

Self-Care, Communication and Organisation:

Main source of household income:

Does the household have a housing application:

Application number (if known):

**Has support been requested or identified for any member of the household during assessment for the following areas?**

Physical Health	
Mental Health	
Financial Difficulties	
Legal	
Disability	
Decision Capability (Formal guardianship or trustee)	
Problematic gambling	
Problematic Alcohol and/or drug use	
Domestic and Family Violence	
Sexual Violence	
Hoarding and Squalor	
Employment and Training difficulties	
Lack of family and/or community support	
Discrimination (Including institutional, racial, social, disability, sexual discrimination)	
Current involvement from Child Safety	
Transition from custodial arrangements	
Transition out of foster care or child safety	

## Brief Overview

Please attach a copy of any assessment tool that has been used and include any related Scoring (i.e. ViSPDAT, GAS, QHIP, PWI, CANSAS, etc.)

In the box below include, the goals of the person, background leading to the current situation, what has already been tried, what barriers are being experienced, identified risks, client strengths, areas where they would like to live. If you have identified any specific needs earlier in the referral form, please provide more information here as well.