**YOUTH PATHWAY PROGRAM REFERRAL**

SHS Service Name: Staff Name: Date: Contact number or email

Client entered onto CIMS: [ ]  Y [ ]  N CIMS ID

Authority from client to release information on CIMS: [ ]  Y [ ]  N Classification: [ ]  High [ ]  Medium [ ]  Low

**CLIENT DETAILS.**

**NAME:** **M**[ ]  **F**[ ]  **DOB**:

**CONTACT NUMBER**: **T-NUMBER**:

**CULTURAL:** [ ]  Aboriginal [ ]  TSI [ ]  Other:

**CALD:** [ ]  Y [ ]  N Country of birth: **LANGUAGE AT HOME:** [ ]  English [ ]  Other

**MAIN INCOME SOURCE:** **CRN NUMBER:**

**ACCOMMODATION/ADDRESS**: *(include type e.g. refuges, family, friend, hotel, caravan, tent, sleeping rough, facility, hospital, rehab etc)*

**MENTAL HEALTH**: Diagnosed by a health professional? [ ]  Y [ ]  N

**HEALTH**: *Past and/or current issues including diagnosed/undiagnosed mental health issue, allergies, asthma, diabetes, mobility issues*

**CURRENT/PAST ISSUES WITH DRUGS/ALCOHOL (TYPE AND FREQUENCY)**:

**LEGAL ISSUES**: [ ]  AVO [ ]  Child Custody [ ]  Probation [ ]  Other:

**EDUCATION:**

*Level of school completed*: Never attended school [ ]  Primary [ ]  Year 6 [ ]  Year 7 [ ]  Year 8 [ ]  Year 9 [ ]  Year 10

[ ]  Year 11 [ ]  Year 12 [ ]

*Tertiary education completed*: none [ ]  Certificate II [ ]  Certificate III [ ]  Certificate IV [ ]  Diploma [ ]  Associate Diploma [ ]

Degree [ ]  Other [ ]  (training or short courses):

**GOALS (as identified in case plan):** [ ]  Access appropriate education and support [ ]  Access to training opportunities and support [ ]  Access to employment and support [ ]  Be supported to stay engaged in education/training or employment [ ]  Assist to re-engage in education/training or employment [ ]  Access appropriate short courses [ ]  Support to access HNSW products such as Private Rental Youth Subsidy [ ]  Other:

**PLEASE ATTACH AN UPDATED CASE PLAN WITH REFERRAL**

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| --- |
| Office Use OnlyDate received: Name Entered onto CIMS [ ]  Yes [ ]  NoScanned [ ]  Yes [ ]  NoClient accepted [ ]  Yes [ ]  NoIf no, why? Appointment made with SHS caseworker and Client? [ ]  Yes [ ]  NoDate of meeting:  |

Please email referral to referral@p2c.org.au