**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 Only  Date received: Name  Entered onto CIMS  Yes  No  Scanned  Yes  No  Client accepted  Yes  No  If no, why?  Appointment made with SHS caseworker and Client?  Yes  No  Date of meeting: |

Please email referral to [referral@p2c.org.au](mailto:referral@p2c.org.au)