

**YOUTH PATHWAY PROGRAM REFERRAL**

SHS Service Name: Date: Staff Name: Time:

Client entered onto CIMS: [ ]  Y [ ]  N

Authority from client to release information: [ ]  Y [ ]  N Classification of support required: [ ]  High [ ]  Medium [ ]  Low

**CLIENT DETAILS**

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

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

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

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

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

**ACCOMMODATION:** *(include type Eg: 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 AND EMAIL TO**

**referral@p2c.org.au**

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| Office Use OnlyDate 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:  |