

**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 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: |