



YOUTH PATHWAY PROGRAM REFERRAL

SHS/Service: _____
Staff Name and Role: _____
Email: _____ Mobile: _____
Client in CIMS: Y N Authority from client to release information: Y N Support required: High Medium Low

CLIENT DETAILS

NAME: _____ DOB: _____ GENDER: _____

PRONOUNS: _____ CONTACT 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 Eg: refugees, family, friend, hotel, caravan, tent, sleeping rough, facility, hospital, rehab, etc) _____

MENTAL HEALTH: Diagnosed by a health professional Y N

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

CURRENT SERVICES:

Name	Worker	Purpose of Support

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

LEGAL ISSUES: AVO Child Custody Probation Other: _____

EDUCATION: USI _____

Level completed: Never attended school Primary Year 6 Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Tertiary education completed: none Cert II Cert III Cert IV Diploma Assoc Diploma Degree Other

(training or short courses): _____

EMPLOYMENT: Employed Unemployed



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GOALS (as per case plan): Access appropriate education & support Access training & support Access employment & support Support to stay engaged in education/training or employment Assist to re-engage in education/training or employment Access appropriate short courses Support access HNSW products eg. Private Rental Youth Subsidy Other: _____

PLEASE ATTACH AN UPDATED CASE PLAN WITH REFERRAL. EMAIL TO referral@p2c.org.au

Office Use Only Date received: _____ Name _____
Entered CIMS <input type="checkbox"/> Y <input type="checkbox"/> N Scanned <input type="checkbox"/> Y <input type="checkbox"/> N Client accepted <input type="checkbox"/> Y <input type="checkbox"/> N If No, why? _____
Appointment made with SHS Caseworker and Client? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of meeting: _____