



REFERRAL FORM

- We work with young people aged 12-25 who are homeless or at risk of homelessness.
- We work across the ACT and surrounds
- We take a trauma-informed approach to support
- We are flexible, and while we aren't a "crisis" service, we look to assist with immediate needs as well as building on raw potential

Young Person's Details	
Full Name:	Preferred Name:
Date of Birth:	Gender & Pronouns:
Phone Number:	Email Address:
Current Address (if applicable):	

Young Person's Family, Culture and Needs		
Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally & Linguistically Diverse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality:	Primary Language:	
Additional Needs, Mental Health and/or Disabilities (Please Specify):		

Emergency Contact Details	
Name:	Relationship:
Phone Number:	Email Address:

Referrer's Details	
Self-referral: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please complete details below)	Referral Date:
Referrer's Name:	Organisation/Program:
Phone Number	Email Address:
Relationship to Young Person:	Length of Relationship with Young Person:
Will you be remaining involved with the Young Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the young person aware this referral is being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Young Person provided their consent for their personal information to be shared for the purposes of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Other Services Involved with the Young Person			
Organisation:	Service Being Provided:	Contact Name:	Contact Details:

Supports the Young Person Requires	
<input type="checkbox"/> Support to access Centrelink <input type="checkbox"/> Support to apply for Housing <input type="checkbox"/> Support to access Education or Employment <input type="checkbox"/> Support to access Health or Wellbeing Services	<input type="checkbox"/> Goal Setting and Skills Building <input type="checkbox"/> Social Support <input type="checkbox"/> Specialised: <input type="checkbox"/> Other:

Additional Information	
Current circumstance and/or challenges the Young Person is facing:	
Young person's Strengths and Interests:	
Any current legal or child protection involvement:	
Other information relevant to the Young Person and the referral:	

If you have any questions or require further information, please contact our office on 6282 2644

Once complete, please email this Referral Form to rawpotential@wcs.org.au