

YOUTH SERVICE REFERRAL

Ensure the client is aware of the referral information you are supplying

Date:

Referred by (Name/Organisation):

Phone: Mobile:

Client Name/s: D.O.B:

Address:

Phone Mobile: Home: Work:

Email:

Background Information (historical information/issues that impact on presenting issues):

What are the presenting issues/current concerns and/or issues to be addressed?

Past/current agencies/professionals working alongside client?

What interventions/plans have already been put in place?

What service is sought?

*(tick all that apply)*

|  |  |
| --- | --- |
| * Further education/training
* Driver licencing
* Employment
* Employment preparation
* Improving self-esteem
* Relationship breakdown
* Child Support
* Housing
 | * Financial
* Impacted wellbeing
* Mental un-wellness
* Drugs and Alcohol
* Police Involvement
* Other (please specify)
 |

Completed by:

OFFICE USE ONLY

INITIAL ACTION TAKEN TO CLARIFY REFERRAL:

*(is Youth Service the most appropriate service provider for this client)*

NEETS Assessment Done Yes No

YW Allocated:

Signed YS NEET

 YP/YPP

REFERRAL ACCEPTED / DECLINED / REFERRED ON

WAITLIST UPDATED : Yes N/A Date: