



All Referrals: (P) 47 600 800
(F) 47 600 801
intake@platformys.org.au

The Right Door
Nepean Blue Mountains District SHS Referral Line: 1800 760 071

Link2Home: 1800 152 152

Client Referral Form

Date of Referral: _____
Clients Name: _____ (Male / Female/ Different)
Date Of Birth: _____ Age: _____ Cultural Identity: _____
If Referring with Partner / other, state relationship to this person: _____
Name: _____ (Male / Female / Different)
Date Of Birth: _____ Age: _____ Cultural Identity: _____

Referring Worker's Name:	
Organisation and Position:	
Telephone /Fax /email /Other:	
How did you find out about us:	

PLEASE INDICATE WHAT TYPE OF SUPPORT YOU ARE SEEKING (tick as many as apply)

- Immediate Housing (Penrith House HYAP, Turning Point - Richmond & Katoomba House)**
Penrith House 12-15yo, Turning Point & Katoomba House 16 -18yo. BAL beds available.
HYAP focus on family work, family restoration, educational engagement and early intervention.
Male and Female supported short term housing.
Meals, health services, living and life skills support, advocacy, access to day programs, full case management
Assistance to find stable housing
- Crisis / Immediate Needs (The Glue Factory)**
Material Aid, access to food, laundry and shower facilities, computers and phone available.
Referral to all appropriate services, advocacy and advise, brief support
- Transitional Housing (Not immediate / not a crisis option)**
For 17 – 24yo, M & F, housing for individuals or couples, mostly shared properties, some single properties.
Referrals to specialist services, tenancy skills, living skills support, advocacy, full case management
Must be capable of living without direct supervision and financially able to support self.
- General Outreach Case Management**
For any young people, 12-25yo, living in the Penrith, Hawkesbury & Blue Mountains regions, to work on personal goals and development needs, build healthy relationships, develop independence, connect with community supports, and maintain secure accommodation or seek alternate accommodation.
HYAP specialised early intervention for families with 12-15yo to prevent family breakdown.

REFERRING WORKER'S DECLARATION:

The information contained in this referral has been completed to the best of my knowledge, accurately and honestly without omission. Information that may be considered important to this person's, staff's or other client's safety has also been disclosed even if not specifically asked for. Included are any, matters of sexual misconduct (please include this in Other Relevant Information).

Sign: _____ Date: _____

Client's Current or last address / Service:	
Telephone / Mobile:	
Email:	
Guardian (if under 18yrs) Address & Telephone No:	<i>Note: MUST provide contact for a legal guardian if client is under 16.</i>
Daytime Activity & Income Info:	
Mental Health Issues: (please include treating Dr, any meds or treatment plans)	
D&A Issues: (please inc. frequency and amounts of use and date of last usage)	
Health Issues Or Allergies: (please include treating Dr, any meds or treatment plans)	
Incidences of Violence or Aggression (inc. AVOs, and approx date of incident/s)	
History of Legal Involvement (please inc charges and pending court dates):	
Family Supports / Family issues (please include any custody issues)	

Please list past Accommodation Services, or Housing situations (from most recent)

Please list other significant support people / services & contact info

Any other relevant Information



Permission to Obtain and Release Information

Whilst you are a client of Platform Youth Services (Platform), there may be the need to request or provide information to or from another person who is involved with you in some way. Due to privacy laws in Australia, we are unable to request or provide information to others without your consent. Therefore we need you to nominate people who we can contact if we need information about you for a specific reason, in relation to your case plan. We also need you to nominate anyone who you are happy for us to give information to when it is requested from us.

There are some situations however where we must by law provide information to others when requested. This would include a request for information from the Police or from Family and Community Services (FaCS) or in some cases in an emergency medical situation. You also need to know that there are some situations where we must notify certain information to FACS or parents when it is mandatory for us to do so, relating to section S16A of the NSW Child Protection Legislation under the Keep Them Safe Initiative.

Also as a service that is funded by NSW FaCS, we are expected to provide our funding body with information regarding the services and support we provide to each client. This information is collected and collated by the Australian Institution of Health and Welfare (AIHW) via CIMS. The information does not identify any person we work with and is not given to other organizations. More information can be given to you about CIMS and what information is collected by our funding body.

If you are unsure of any of these things please discuss this with the worker on shift or your Support Worker.

Thanking you
CEO - Platform Youth Services

I hereby give the staff of Platform permission to release, obtain and discuss relevant information about me with agencies I am being referred to or from as part of my case management with the service.
This consent is valid for a period of 12 months

I provide consent for: (tick all that apply)

- My personal information to be gathered, by Platform Youth Services, from a third party to assist with the assessment of my accommodation and support needs.
- My personal information (name, gender, date of birth, suburb, country of birth) and the name and date of the service from where I am seeking homelessness assistance, to be available to other government and non-government homelessness services in NSW for one year after today's date (State Wide Consent CIMS).
- The service assessing my current accommodation and support needs to access my personal information as previously gathered by government and non-government homelessness services in NSW (State Wide Consent CIMS).
- My personal information gathered as part of my accommodation and support needs to be discussed with and/or electronically transmitted to specified government and non-government services / departments with a view to these services providing me with support and /or accommodation
- I have had the AIHW data collection explained to my satisfaction, and consent to my data being used
- This consent form has been explained to me and I understand that if I wish to, I may change it at any time.

Please Specify

Including: _____
(Insert individual services names, i.e. Centrelink, FaCS, JJ, accom services, health services etc)

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Signed (Client) _____ Signed (Staff): _____

Name: _____ Name: _____

Date:...../...../..... Date:...../...../.....

Office Use Only:	Name of Staff completing:
Verbal Consent given - Initial : _____	Reason for verbal consent: _____
Entered on CIMS on: / / 20__	Assessment date (if applicable): / / 20__