



Youth & Wellbeing Referral Form

Ph. 61626100

Email: youthandwellbeing@mccg.org.au

Details of Young Person

Date of referral:

Name:

Address:	Date of Birth:			
Pronouns:	Cultural Background:			
Email:	Phone:			
Does the young person understand that this program requires their active participation?		Yes	No	
Has the young person voluntarily consented to this referral?		Yes	No	
Has the young person consented to YWB contacting the parent/carer? <small>Note: Clients under 15 years of age require a primary caregiver's consent to access service</small>		Yes	No	N/A
Are there any court proceedings we should be aware of? <small>If yes, please describe.</small>		Yes	No	

Emergency contact

Name:	Relationship to Young Person:
Email:	Phone:

Details of referrer

Name:	Organisation:		
Email:	Phone:		
Will your organisation continue to support the Young Person?		Yes	No

Other services involved

Contact Person

Phone/Email

Other services involved	Contact Person	Phone/Email

Referral Details (Please complete all sections)

Mental Health concerns											
Describe how the young person's daily functioning is impacted by their mental health	e.g. housing, school/employment, social/peer connections, family relationships										
Contributing Factors	<table border="0"> <tr> <td>alcohol/substances use</td> <td>housing/accommodation</td> </tr> <tr> <td>self-harm suicidal ideation</td> <td>physical health</td> </tr> <tr> <td>school/employment</td> <td>legal issues</td> </tr> <tr> <td>family/domestic violence</td> <td>family issues</td> </tr> <tr> <td>other</td> <td>disability</td> </tr> </table>	alcohol/substances use	housing/accommodation	self-harm suicidal ideation	physical health	school/employment	legal issues	family/domestic violence	family issues	other	disability
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family/domestic violence	family issues										
other	disability										
What are the Young Persons recovery goals?											

Mental Health Supports

Is the young person currently accessing counselling/therapy from any other service? If yes, please describe.	
Have they had any previous counselling / therapy? If yes, what was that experience like?	
Why would the young person benefit from an outreach service?	

Review of eligibility (Young person must meet ALL criteria to be eligible)

	Wants to address their mental health concerns
	Is experiencing moderate to severe mental distress (diagnosis not required)
	Daily functioning is impacted by mental health
	Is experiencing barriers to mainstream counselling services
	Is experiencing additional complexities (as indicated in the contributing factors)
	Does NOT receive NDIS funding for psychological services

* Please add additional information on new page as required.