

## CLIENT CRITERIA & REFERRAL FORM

### REFERRAL CRITERIA

***\*We cannot accept referrals when the young person has not consented to the referral. Our services are voluntary so we will be unable to process or accept any referral without the young person's consent. Please ensure you have completed the client consent section at the end of the referral \****

***\*Please note all criteria for a program must be met for a young person to be eligible\****

#### **Fusion Program**

- Ages 12 – 21 ***and***
- Identified need/s that can be case managed ***and***
- Disconnected or at risk of disconnecting from family, community, support networks, education, or Employment **AND/OR** at risk of harm/self-harm **AND/OR** homeless or at risk of homelessness

#### **Next Step Plus**

- Ages 15 -25 ***and***
- Had/currently in a Care Experience aged 12 or older

***If the client is 15 – 17 and still under a protection order a referral from Child Safety is required***

#### **Specialist Homelessness Services (SHS)**

- **Mobile Support Program**
  - Ages 16 – 25 ***and***
  - Homeless or at risk of homelessness
- **Youth Hostel**
  - Ages 16 – 21 (Clients 22 – 25 will be assessed for special consideration) ***and***
  - Homeless and in need of emergency accommodation

#### **Get Set for Work Program (GSFW)**

- Ages 15 – 19 ***and***
- Disengaged from Education ***and***
- Disengaged from Employment

## REFERRAL CRITERIA

### **Learner Driver Mentor Program (LDMP)**

- Ages 16 – 24 *and*
- Current Learners Licence *and*
- Do not have access to a vehicle or supervisor *and*
- Have completed at least 5 real-time hours of lessons with a Professional Driving Instructor *and*
- Have been approved as 'program ready' by a Professional Driving Instructor

### **Youth Connector Program**

- Ages 10 – 17 *and*
- Experienced or experiencing sexual assault, sexual abuse *and/or*
- Exhibiting sexually reactive behaviours

### **Youth Support Coordinator (YSC)**

- Currently enrolled in Secondary School at Yarraman, Nanango State High or Kingaroy State High *and*
- At risk of disengaging from education

**REFERRER INFORMATION**

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Client (Young Person) Information**

Name: \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Client's Identified Gender:**  Female  Male  Trans OR  
**Cultural Identity:**  Aboriginal  Torres Strait Islander  CALD  Other  N/A  
**Disabilities:** **Diagnosed:**  YES  NO  
**Mental / Physical Illness:** **Diagnosed:**  YES  NO  
**Best Contact/s:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**RELEVANT FRIENDS/FAMILY MEMBERS:**

Given Name/s	Surname	DOB	Gender	Relationship to Client
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**EMERGENCY/ALTERNATIVE CONTACT INFORMATION:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_  
**Best Contact/s:** \_\_\_\_\_

**PROGRAM REFERRAL (PLEASE REFER TO CRITERIA ON FRONT PAGES)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fusion                    | <input type="checkbox"/> Next Step Plus                | <input type="checkbox"/> Specialist Homelessness Services |
| <input type="checkbox"/> Get Set for Work          | <input type="checkbox"/> Learner Driver Mentor Program | <input type="checkbox"/> Youth Connector                  |
| <input type="checkbox"/> Youth Support Coordinator |  |   |

**CLIENT'S (YOUNG PERSON) IDENTIFIED NEEDS AND RELEVANT BACKGROUND**

**RISK FACTORS (Safety Concerns to Self and Others:  
 Aggression/Violence towards others, Alcohol/Substance Abuse, Suicide Attempts/Ideation Etc)**

**EXISTING AGENCIES/SERVICES**

<b>Name:</b>	<b>Name:</b>
<b>Relationship/Service:</b>	<b>Relationship/Service:</b>
<b>Contact Details:</b>	<b>Contact Details:</b>

**CLIENT (YOUNG PERSON) CONSENT TO CONTACT EXISTING AGENCIES/SERVICES**

- Verbal Consent (please provide date)       Signed Consent (please complete below)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLIENT (YOUNG PERSON) CONSENT TO REFER TO CTC YOUTH SERVICES**

- Verbal Consent (please provide date)       Signed Consent (please complete below)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_