

YOUTH CONNECTIONS PROGRAM REFERRAL FORM

Date:

Section 1: Client Details

1.1 Details of young person

Name: _____ Preferred Name: _____
 Current address: _____
 D.O.B: _____ Phone Number _____
 Gender Identity: _____ Cultural Identity: _____
 Has the young person given permission for MCC Youth Workers to be involved and make contact?
YES NO UNSURE

1.2 Legal status

In the Care and Protection of the Director General: YES NO
 Details (e.g., IPA, ongoing intervention, expiry date): _____
 Are there any parenting orders in place? YES NO

1.3 Family details

Parent / Carer 1: _____ D.O.B: _____ Contact Number: _____
 Parent / Carer 2: _____ D.O.B: _____ Contact Number: _____
 Has a parent / guardian consented to this referral and agreed to be contacted by Youth Connections?
YES NO

Comment (*please note which parent*)

Note: MCC recognises the developing competency of adolescents, as such, young people 16 years & over may consent to engage with MCC without parental/caregiver consent, however all efforts will be made to ensure that parental / caregiver consent is gained.

Siblings (list eldest to youngest)

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Other people in household:

1.4 Current living arrangements

- Parent / guardian's home With relatives Residential Care
- Foster Care Independent living Couch surfing
- Other

Section 2: Young Person's Current Circumstances

2.1 Anti-social behaviour / alleged offending / bail conditions

Please comment on any anti-social behaviour / criminal offences / bail conditions.

Any other comments (e.g., strengths, recommended areas of focus)?

2.2 Education

Please provide details of current schooling / structured activities.

Has the young person been identified as having specific learning needs?

Any other comments (strengths, suspensions, recommended areas of focus)?

2.3 Substance use

Briefly outline any current and historical drug and alcohol use.

2.4 Well-being

Does the young person have any mental health concerns?

Does the young person have any medical concerns that need to be addressed?

2.5 Safety and security

What high risk behaviors does this young person engage in?

2.6 Family and adults

Who are the key family members in this young person's life?

What other adults play a key role in this young person's life (ie, positive role models and supports)?

Section 3: Service Providers Currently Involved

Name of Organisation

Key Worker and Role

Focus of involvement

Contact Number

Name of Organisation

Key Worker and Role

Focus of involvement

Contact Number

Name of Organisation

Key Worker and Role

Focus of involvement

Contact Number

Name of Organisation

Key Worker and Role

Focus of involvement

Contact Number

Section 4: Referrer's Details

Referring Agency:

Name of Referrer:

Contact Number:

Email:

Role:

Section 5: Any Other Info?

Please send this referral to:

Renee Duxbury

Family Programs Coordinator

E:renee.duxbury@mccinc.org.au

P: 0491 178 175

P: 4092 1948