

Referral form: Momentum Youth Housing service

Young person being referred	
Date of referral	
Name of young person	
Does the person consent to referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex or indeterminate
Cultural identity – Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Indigenous (not further defined)
Cultural identity – culturally and linguistically diverse background	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact telephone number	
Address	
Homelessness status	<input type="checkbox"/> Homeless <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Neither homeless nor at risk of homelessness
Parent/carer of young person being referred	
Name of parent/carer	
Relationship to young person	<input type="checkbox"/> Parent <input type="checkbox"/> Carer <input type="checkbox"/> Other (describe): _____
Does the young person consent to us contacting their parent/carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact telephone number	
Address	
Parental Responsibility (for a young person under 16 years old)	
Age of young person	<input type="checkbox"/> Under 16 (complete remainder of this section) <input type="checkbox"/> 16 or over (move to next section)
Name of person with Parental Responsibility	
Does the person with Parental Responsibility consent to referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person making referral (Referrer)	
Name	
Organisation	
Position title	
Contact telephone number	
Email	
Length of time you have supported young person	
Please provide background information about the young person and detail any known or possible risks that may be encountered while	

Please complete this form electronically and either email or fax your referral (Email: momentum@midcc.org.au or Fax: 02 6651 4688)

Please contact Momentum Youth Housing if you have any questions (Phone: 02 5632 4021)

Address: 21 Earl Street, Coffs Harbour, NSW 2450. Website: www.midcoastcommunities.org.au

working with them (e.g. Alcohol and Other Drugs, behavior concerns or mental health issues)	
Supports requested	
Assistance required	<input type="checkbox"/> Assistance to secure crisis accommodation <input type="checkbox"/> Assistance to secure a private tenancy <input type="checkbox"/> Assessment for Momentum Youth Housing Program <input type="checkbox"/> Case management support <input type="checkbox"/> Other (please describe) _____
Any prior involvement with Momentum Youth Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details of any prior involvement with Momentum Youth Housing	
Other agencies involved with this young person (e.g. Department of Family and Community Services, NSW Police)	
Name	
Organisation	
Position title	
Contact telephone number	
Nature of support	
Other agencies involved with this young person (e.g. Department of Juvenile Justice, headspace)	
Name	
Organisation	
Position title	
Contact telephone number	
Nature of support	
Other agencies involved with this young person (e.g. a Specialist Homelessness Service, a Mental Health Service)	
Name	
Organisation	
Position title	
Contact telephone number	
Nature of support	
Client consent (Client to sign consent to all Momentum to contact other people and services for background information)	
Name	I, _____, permit Momentum Youth Housing staff to contact people and services listed in this document to gather background information in relation to my referral.
Signature	
Date	