**FM: Referral to Holyoake Youth, Children and Caregiver Programs**

***Please complete as much of the enclosed information as possible***

**DATE OF REFERRAL:**

**REFERRER’S DETAILS**

Referrer’s Name: Job Title:

Organisation: Contact Phone: Email:

Other agencies involved with the client/family:

**CLIENT DETAILS**

*If the client is a minor, please enter the responsible caregiver’s details and list the child/ren below.*

First Name: Last Name:

DOB: Please Tick: [ ] Female [ ] Male [ ] Other

Address:

Phone:

Email:

Own Use? [ ]  Yes [ ]  No Other’s Use? [ ] No [ ] Yes Relation to User

Please provide details of all otherfamily members that will engage in a Holyoake program:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **DOB** | **M/F** | **Relation to Primary Client?** | **Residing with Primary Client?** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
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|   |   |   |   |   |   |
|   |   |   |   |   |   |

**REASON FOR REFERRAL** (Please include any historical or current substance use, type of substance, any DCPFS involvement and if so, type of plan in place.)

|  |
| --- |
|  |

**IDENTIFIED RISKS FOR OUTREACH WORK:**

**Pets** [ ] **Yes** [ ]  **No** [ ] **Unsure**

**Weapons** [ ] **Yes** [ ]  **No** [ ] **Unsure**

**Environmental Hazards** [ ] **Yes** [ ]  **No** [ ] **Unsure**

**Other:**

**FURTHER INFORMATION** (please note that the presence of any issues will not automatically exclude clients from our services)**:**

**Mental Health Issues** [ ] **Yes** [ ]  **No** [ ] **Unsure**

If Yes, please indicate which client and type of issue:

**Family Domestic Violence:** [ ] **Yes** [ ]  **No** [ ] **Unsure**

If Yes, please indicate which client and whether they are the perpetrator or victim:

**Violence Restraining Orders:** [ ] **Yes** [ ]  **No** [ ] **Unsure**

If Yes, please indicate which client and whether they are the applicant or respondent:

**Pregnancy** [ ] **Yes** [ ]  **No** [ ] **Unsure**

If Yes, please indicate which client and number of weeks:

**History of Self Harm/ Suicidality** [ ] **Yes** [ ]  **No** [ ] **Unsure**

If Yes, please indicate which client and type of issue:

**Other:**

**Please indicate which program best suits your clients’ needs:**

**Attachment Art & Play** [ ] **Yes** [ ]  **No**

Suitable for families - caregiver and children under the age of 13yrs attend together. A 10-week creative arts-based program aimed at enhancing bonds, communication and secure attachment within the family. Delivered outreach or onsite at Vic Park office.

**Young People’s Program** [ ] **Yes** [ ]  **No**

Suitable for children and young people aged 3 - 18yrs affected by someone else’s alcohol or drug use. Individual play therapy or counselling sessions for increased self-expression, awareness and self-esteem. Delivered on-site at Victoria Park office.

**Adolescent Program** [ ] **Yes** [ ]  **No**

Suitable for young people aged 10 - 18yrs dealing with their own use or experimentation. Individual counselling for support and information. Held on-site at Victoria Park office.

**CONSENT TO CONTACT FROM HOLYOAKE**

Client gives consent for Holyoake to contact regarding participation in a Youth or Children’s program.

Client Signature: Date:

Authority to release information form attached [ ] **Yes** [ ]  **No**

Address: 75 Canning Highway, Victoria Park, Western Australia 6100

Phone: Client Services on 9416 4444. Fax: 9416 4443.

E-mail: clientservices@holyoake.org.au. Website: www.holyoake.org.au