**REFERRAL FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | |
| Name of young person: Click here to enter text. | | | | | | Contact number: Click here to enter text. | | |
| Young person’s address: Click here to enter text. | | | | | | Date of birth: Click here to enter text. | | |
| Name of YJ Caseworker: Click here to enter text. | | | | | | YJCO: Click here to enter text. | | |
| Does the young person identify as Aboriginal and/or Torres Strait Islander: | | Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  N/A | | | | | | |
| Please note any culturally diverse background: Click here to enter text. | | | | | | | | Yes  No  Unknown |
| How has YP given informed consent for the CSP referral? | | | | | | | Verbal  Text Message  Email  Other  Date given: Click here to enter text. | |
| **REFERRAL DETAILS** | | | | | | | | |
| Support Type: Casework Support | | | Support Provider: Choose an item | | | | | |
| Location: Choose an item | | | | | | | | |
| Purpose of referral: Click here to enter text. | | | | | | | | |
| Is there a need/preference for a CSP worker of a particular gender?  Click here to enter text. | | | | | | | | Yes  No  Unknown |
| Expiry date of order/bond/YJC outcome plan etc.? Click here to enter text. | | | | | | | | |
| Income**:**  JobSeeker  Disability Support Pension  Youth Allowance  Wages  None  Other: Click here to enter text. | | | | | | | | |
| Employment status:  Full time employment  Part time/casual employment  Not employed  Other Click here to enter text. | | | | | | | | |
| Education status:  Enrolled in local school  Enrolled in TAFE  Not enrolled in either  Other Click here to enter text. | | | | | | | | |
| Is the young person a parent? If yes, please provide details:  Click here to enter text. | | | | | | | | Yes  No  Unknown |
| **POTENTIAL RISKS TO OTHERS** | | | | | | | | |
| Is there a possibility the young person present a risk to others?  I.e. behaviour, triggers, relevant offending etc.  Click here to enter text. | | | | | | | | Yes  No  Unknown |
| **YOUNG PERSON’S RISK & VULNERABILITIES** | | | | | | | | |
| Please use the free text boxes to elaborate on any issues or concerns relevant to the following subjects: | | | | | | | | |
| Mental Health | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Allergies/medical conditions | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Medication | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Suicidal Ideations/Self Harm | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Drug/Alcohol Issues | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Disability/Cognitive Impairment | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Communication requirements | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Behaviours of concern | Yes  No  Unknown | | | | Click here to enter text. | | | |
| Issues with other young people | Yes  No  Unknown | | | | Click here to enter text. | | | |
| **OTHER CURRENT SUPPORT SERVICES** | | | | | | | | |
| Is the young person **currently** engaged with any other service(s)?  If yes, please provide details below (i.e. NDIS, accommodation services) | | | | | | | | Yes  No  Unknown |
| **Service** | **Contact Person** | | **Phone Number** | | | | | **Involvement** |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | | | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | | | | Click here to enter text. |
| Does the Minister have parental responsibility for this young person?  **Type of care:**  Residential Care  Kinship Care  Permanent Care  Foster Care | | | | | | | | Yes  No  Unknown |
| **CURRENT ACCOMMODATION** | | | | | | | | |
| Is the young person’s **current accommodation placement** stable? Please provide an overview of living arrangements below:  Click here to enter text. | | | | | | | | Yes  No  Unknown |
| Does the young person have a history of **child protection**? If yes, please provide details:  Click here to enter text. | | | | | | | | Yes  No  Unknown |
| Do the **Police** have any **concerns** regarding the young person, residence or others at the residence?  Click here to enter text. | | | | | | | | Yes  No  Unknown |
| **PARENT / GUARDIAN / CARER** | | | | | | | | |
| **Name**: Click here to enter text. **Contact** **number**: Click here to enter text.  **Relationship**: Click here to enter text. | | | | | | | | |
| **USE BY ASSISTANT MANAGER ONLY** | | | | | | | | |
| Approved by / method of approval: Click here to enter text.  Assistant Manager | | | | Click here to enter text.  YJCO | | | | |
| Date: Click here to enter text. | | | | |

**Instructions**

Once approved by Assistant Manager, please forward this referral form to the Casework Support Provider and CSPReferrals.YJ@justice.nsw.gov.au

**INTAKE DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEETING DETAILS** | | | | | |
| Intake meeting date: Click here to enter text. | | | | | |
| **CSP worker’s name:** Click here to enter text. | | | | | |
| Was the young person accepted in to the program? | | | | | Yes  No |
| No - Didn't arrive for assessment/meeting | | | No - More support required prior (i.e. detox) | | |
| No - Unwilling to participate/commit | | | No - Considered a risk to others | | |
| No - Transferred to another YJCO | | | No - Left the area | | |
| No - Other: COVID lockdowns prevented intake meeting from occurring – will re-refer once lockdowns end | | | | | |
| **GOALS** | | | | | |
| Outline below the SMART goals that you and the Young Person wish to achieve by the conclusion of the referral process (refer to the Measuring Outcomes fact sheet for examples) | | | | | |
| **Goal** | **Goal Type** | **Goal Description** | | **Comments** | |
| Goal 1 | Financial/Employment | Click here to enter text. | | Click here to enter text. | |
| Goal 2 | Choose an item. | Click here to enter text. | | Click here to enter text. | |
| Goal 3 | Choose an item. | Click here to enter text. | | Click here to enter text. | |
| Goal 4 | Choose an item. | Click here to enter text. | | Click here to enter text. | |
| Goal 5 | Choose an item. | Click here to enter text. | | Click here to enter text. | |
| Goal 6 | Choose an item. | Click here to enter text. | | Click here to enter text. | |
| **COMMENCEMENT DATE** | | | | | |
| What date will the support begin? Click here to enter text. | | | | | |
| **AGREEMENTS** | | | | | |
| **Young Person’s Name**:  Click here to enter text. | | | **Method of agreement**:  Verbal / Text / Email / Other | | |
| Date Click here to enter text. | | |
| **YP’s Parent/Guardian Name** (where YP under 14):  Click here to enter text. | | | **Method of agreement:**  Verbal / Text / Email / Other | | |
| Date Click here to enter text. | | |
| **YJ Caseworker’s Name**:  Click here to enter text. | | | **Method of agreement:**  Verbal / Text / Email / Other | | |
| Date Click here to enter text. | | |
| **CSP worker’s Name**:  Click here to enter text. | | | **Method of agreement:**  Verbal / Text / Email / Other | | |
| Date Click here to enter text. | | |
| **USE BY ASSISTANT MANAGER ONLY** | | | | | |
| Approved by / method of approval: Click here to enter text.  Assistant Manager | | | Click here to enter text.  YJCO | | |
| Date: Click here to enter text. | | |

**Instructions**

Once approved by Assistant Manager, please forward this referral form to the CSP Caseworker and CSPReferrals.YJ@justice.nsw.gov.au

**REVIEW FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REVIEW DETAILS** | | | | | | | |
| Date document completed: Click here to enter text. OR Date of meeting: Click here to enter text. | | | | | | | |
| Meeting attendees: Click here to enter text. | | | | | | | |
| Is the YP still in the program? | | | | | | | Yes  No |
| YP no longer participating | | | | In custody (remand) | | | |
| In custody (control) | | | | Deceased | | | |
| Left the area | | Other Click here to enter text. | | | | | |
| Have there been any delays or suspensions of the service? I.e. Sorry Business Click here to enter text. | | | | | | | |
| **GOALS** | | | | | | | |
| Please outline the progress of the referrals (achieved, withdrawn, in progress or new). If a new goal has been added - use ‘Comments’ section to explain the new goal details and how young person agreed. | | | | | | | |
| **Goal Number** | **Goal Type** | | **Goal Status** | | **Comments** | | |
| Goal 1 | Education/Training | | Choose an item. | | Click here to enter text. | | |
| Goal 2 | Choose an item. | | Choose an item. | | Click here to enter text. | | |
| Goal 3 | Choose an item. | | Choose an item. | | Click here to enter text. | | |
| Goal 4 | Choose an item. | | Choose an item. | | Click here to enter text. | | |
| Goal 5 | Choose an item. | | Choose an item. | | Click here to enter text. | | |
| Goal 6 | Choose an item. | | Choose an item. | | Click here to enter text. | | |
| **FEEDBACK FROM YOUNG PERSON** | | | | | | | |
| What do you like about the referral? I.e. caseworker, goal options etc.  Click here to enter text. | | | | | | | |
| What would you change? I.e. caseworker, connecting with other services etc.  Click here to enter text. | | | | | | | |
| What progress do you feel like you have made? Click here to enter text. | | | | | | | |
| **FEEDBACK FROM YJ CASEWORKER** | | | | | | | |
| What is the CSP worker doing well and not well?  Click here to enter text. | | | | | | | |
| What could be improved with this referral? I.e. CSP CW training, service frequency, accessing local services etc.  Click here to enter text. | | | | | | | |
| **USE BY ASSISTANT MANAGER ONLY** | | | | | | | |
| Approved by / method of approval: Click here to enter text.  Assistant Manager | | | | | | Click here to enter text. YJCO | |
| Date: Click here to enter text. | |

**INSTRUCTIONS**

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**EXIT & QUESTIONNAIRE DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXIT DETAILS** | | | | |
| Date of meeting: Click here to enter text. | | | | |
| Exit date from the program: Click here to enter text. | | | | |
| How successful do you feel the referral, overall, was? Why? Click here to enter text. | | | | |
| **GOALS** | | | | |
| A scaling system has been implemented to determine the scope of success for the referral. The scaling system operates as follows:   * + 2 – should be used where the goal has been fully achieved. I.e. young person has their ID card * + 1 – should be used where the goal has been mostly achieved. I.e. negotiations have begun with the local school to have the young person re-engage * 0 – should be used where the goal was not capable of being achieved. I.e. schools aren’t willing to negotiate re-engagement * - 1 – should be used where no attempts have been made to achieve the goals. I.e. young person refuses to engage in support service | | | | |
| **Goal Number** | **Goal Type** | **Goal Status** | **Comments** | |
| Goal 1 | Choose an item. | Choose an item. | Click here to enter text. | |
| Goal 2 | Choose an item. | Choose an item. | Click here to enter text. | |
| Goal 3 | Choose an item. | Choose an item. | Click here to enter text. | |
| Goal 4 | Choose an item. | Choose an item. | Click here to enter text. | |
| Goal 5 | Choose an item. | Choose an item. | Click here to enter text. | |
| Goal 6 | Choose an item. | Choose an item. | Click here to enter text. | |
| **BARRIERS TO COMPLETION** | | | | |
| If the YP didn’t complete the program, what barriers did they encounter? I.e. sickness, death in the family, COVID.  Click here to enter text. | | | | |
| **RE-REFERRAL** | | | | |
| Is a re-referral is necessary?  Click here to enter text. | | | | |
| **COMMENTS** | | | | |
| Please use this section to comment on any aspect of the referral, where it is not appropriate to do otherwise.  Click here to enter text. | | | | |
| **QUESTIONNAIRE FOR YOUNG PERSON** | | | | |
| What did you like about the CSP worker and service? Click here to enter text. | | | | |
| What didn’t you like about the CSP worker and service? Click here to enter text. | | | | |
| If you didn’t complete the referral, why did you disengage? Click here to enter text. | | | | |
| Do you believe you have succeeded in the referral? Click here to enter text. | | | | |
| **QUESTIONNAIRE FOR YJ CASEWORKER** | | | | |
| Were you happy with the referral? Click here to enter text. | | | | |
| What would you change? Click here to enter text. | | | | |
| Are there any service gaps; if so, what are they?  A service gap is a deviation or discrepancy from what was planned and what is delivered. I.e. YP to get ID card but there are no RMS/Service NSW sites locally.  Click here to enter text. | | | | |
| **USE BY ASSISTANT MANAGER ONLY** | | | | |
| Approved by / method of approval: Click here to enter text.  Assistant Manager | | | | Click here to enter text. YJCO |
| Date:Click here to enter text. |

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