**REFERRAL FORM**

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| **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 [ ]  OtherDate 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**

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| **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**

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**REVIEW FORM**

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| **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**

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| **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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