

YHARS Referral Form

OFFICE USE:	MODE OF PRESENTATION	IN PERSON	VIA TELEPHONE	VIA THIRD PARTY	VIA EMAIL
Client Details			Referral Profile		
Given Name:			Referral Date:		
Middle Name:			Source of Referral:		
Family Name:			Organisation:		
Phone:			Name of Person Referring:		
Address:			Relationship/Position:		
Email:			Phone:		
Facebook Identity:			Email:		
Permission to contact via Facebook:			Key Workers		
Gender:			Child Safety Office Location:		
Date of Birth:			Workers Name:		
Cultural Affiliation: Aboriginal Torres Strait Islander Both Australian South Sea Islander Other (please specify)			Phone:		
Country of Birth:			Email:		
Language at Home:			Youth Justice Office Location:		
Culturally and Linguistically Diverse			Workers Name:		
Comments:			Phone:		
			Email:		
			Organisation:		
			Workers Name:		
			Phone:		
			Email:		
Situation					
Homeless in last month Sleeping rough or in non-conventional accommodation Short-term or emergency accommodation due to lack of other options Medium to long-term boarding house accommodation In detention/custody Not homeless Other:			Homeless in last year Sleeping rough or in non-conventional accommodation Short-term or emergency accommodation due to lack of other options Medium to long-term boarding house accommodation In detention/custody Not homeless Other:		
Imminent Risk At imminent risk of homelessness			YHARS Eligibility Exiting or transitioning from Child Safety orders (15-17 years)		

<p>In temporary custodial and care arrangement</p> <p>Describe current Accommodation Situation and outline any immediate risks:</p>	<p>Transitioning from a period of sentence to remand in youth detention (12-21 years)</p> <p>Exiting from care (18+ years)</p> <p>Sleeping rough/primary homelessness (12-21 years)</p>
<p>Please select all that apply</p>	
<p>Current/past statutory involvement with Child Safety</p> <p>Current/past Youth Justice involvement</p> <p>Pending legal issues</p> <p>Parent/pregnancy</p> <p>Dependents living with client</p> <p>Prescribed medication</p> <p>Disability</p> <p>Mental health</p> <p>Drug/alcohol misuse</p> <p>Domestic and family violence</p>	<p>Income Source:</p> <p>Awaiting benefit</p>
	<p>Employment Status:</p>
	<p>Engaged in school/training</p> <p>Last grade completed at school:</p>
	<p>Please outline reasons for seeking assistance:</p>
	<p>The client has consented to this referral:</p>

Client must also sign QHIP Privacy Notice below and return to the YHARS Team via email: yhars@ctcqlld.com.au

QHIP Privacy Notice

CTC, which delivers the YHARS Program, is collecting your personal information for the purpose of assessing your needs and assisting you and members of your household, to access homelessness or domestic violence support services and/or accommodation.

This information will be stored in the Queensland Homelessness Information Platform which is a secure database administered by the Department of Housing and Public Works.

To assist you and provide you with support services and/or accommodation, your relevant personal information may be accessed by other service providers.

Your personal information will be handled in accordance with the *Information Privacy Act 2009 (Qld)* and will not be disclosed without your consent unless authorised or required under a law.

Acknowledgement

I acknowledge that I understand why my personal information is being collected and how it will be used.

Name:

Signature:

Date:

Acknowledgement Obtained/witnessed by:

Name:

Position/Agency:

Signature:

Contact Number:

Date: