Urban Youth Services Referral Form

Thank you for considering Urban Youth Services as a provider.

Prior to completing the referral form details on pages 2-4, please take time to read the following information.

Eligibility Criteria:

- Youth aged 10 to 25 years,
- Experiencing a level of vulnerability or risk,
- Willing to engage in case management (1:1) support with a qualified youth worker, and
- Live in one of the service areas below.

Service Areas (suburbs in the following council areas)

- City of Holdfast Bay
- City of Marion
- City of Mitcham
- City of Onkaparinga
- City of Prospect
- City of Walkerville
- City of Campbelltown
- City of Norwood, Payneham and St. Peters
- City of Burnside
- City of Unley
- City of Adelaide
- City of Port Adelaide Enfield
- City of Charles Sturt
- City of West Torrens

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Client Details	
Client name:	
Date of birth:	
Gender identity: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say ☐ Other (please specify)	
Pronouns:	
Home phone:	Mobile:
Email:	
Street Address:	
Suburb:	Postcode:
Household members:	
Is the client of Aboriginal or Torres Strait Islander origin? ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ No ☐ Prefer not to say	
Country of birth:	
Interpreter required: ☐ Yes ☐ No	Language preferred:
Alternative contact person:	
Relationship to client:	
Contact person's phone number:	
Is there any other information the client would like to share about themselves?	

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Client History

Does the client have any of the following history?

- ☐ Legal offences
- ☐ Illegal substance abuse
- ☐ Victim of abuse
- ☐ Past or present contact with DCP
- ☐ Harm or threat to self or others
- ☐ Perpetrator of abuse
- ☐ Other (please provide details)

If you have ticked any of the above, please provide further details:

Client Health and Wellbeing

Does the client have any diagnosed medical or health conditions (e.g. mental and physical health, disability or current medications)?
☐ Yes ☐ No

Please detail below:

If yes, do they receive NDIS support?
☐ Yes ☐ No

Please provide details of any other factors that are currently impacting client? (e.g. finances or housing)

Primary Reason for Referral

- ☐ Referral/advocacy to specialist services
- ☐ Family issues
- ☐ Social/emotional wellbeing
- ☐ Legal matters
- ☐ Housing
- ☐ Independent life skills
- ☐ Education support
- ☐ Healthy relationships

Please outline any current and historical information in relation to the above:

Goals and Barriers

Please identify the goals and outcomes the client hopes to achieve:

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Are there any other factors that are currently impacting client? For example, finances, gender and/or identity, or housing. Please detail below:

Referring Person's Details

Agency/organisation:
Name of referrer:
Contact number:
Email:
Have you obtained consent to refer this client? ☐ Yes ☐ No

Client Consent

Please note: Referrals will not be processed without consent.

I am aware that this referral is being made and I understand that I can withdraw from this service at any time.
☐ Yes ☐ No

I give permission for Urban Youth Services staff to use my contact details for contact with me.
☐ Yes ☐ No

I give permission for the staff of Urban Youth Services to contact the referrer and advise once an appointment has been arranged.
☐ Yes ☐ No

Please be aware that submitting a referral does not guarantee acceptance.

Referrals will be responded to within 5 working days. If accepted, contact will be made with the referred client within 10 working days to arrange the first visit.

For enquiries or to submit a referral please contact Hayley Cross – 0436 696 011 or hcross@unitingsa.com.au