

REFERRAL DATE: _____ Phone Visit Email Fax

DATE CLIENT CONTACTED: _____ INTAKE WORKER (Office use only): _____

WHO INITIATED THE REFERRAL:

- Young Person Family/Carer Internal Child Safety
 Agency School Other _____

TO REFER TO BRIDGES RECONNECT, THE CLIENT MUST FIT ALL CRITERIA.

<input type="checkbox"/>	12-18 years old
<input type="checkbox"/>	Experiencing strained relationships (i.e. parent-adolescent conflict, limited support networks)
<input type="checkbox"/>	Willingness to reconnect with family/schooling/community
<input type="checkbox"/>	Live or attend School in our Targeted areas (Please see back page)

CLIENT INFORMATION				
Client Name:				
Current Address:				
Telephone:				
Date of Birth:			Age:	
Gender:		Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	Other: <input type="checkbox"/>
Ethnicity: <input type="checkbox"/> Indigenous <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD/Other:				

FAMILY / GUARDIAN / CARER / SUPPORT PEOPLE / SYSTEMS: (Include siblings)

Name:	Relation to YP:	Phone Number	Contact Details:

CONSENT:

	YES	NO
YP is aware of the referral, has given their consent & is willing to engage?	<input type="checkbox"/>	<input type="checkbox"/>
Has the YP/family been a client of Bridges Reconnect in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Have they or the family, currently or in the past, had agency involvement? What Agency? Reason for involvement? Please list, including timeframes. (eg. Mental Health, Police, Disability, School Support, Child Safety)		



REFERRING AGENCY:

<i>Referrer's Name:</i>			
<i>Agency:</i>			
<i>Contact Details:</i>	<i>PHONE:</i>		<i>FAX:</i>
<i>Email:</i>			
<i>Address:</i>			
<i>Intended Outcome / Goal that agency is seeking. (must be completed)</i>			

ANY IMMEDIATE SAFETY ISSUES:(home visiting risks, violence, animals, isolation, DVO, self harm)

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VOCATIONAL STATUS:

<i>School:</i>		<i>Grade:</i>	
<i>Contact Person / Guidance Officer:</i>		<i>Phone:</i>	
<i>Other Training / Learning:</i>			
<i>Job Agency:</i>			

BACKGROUND / REASON FOR REQUESTING SUPPORT:

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REFEREE MUST LIVE OR ATTEND SCHOOL IN ONE OF THE TARGET AREAS BELOW:

Annerley	Fairfield - Dutton Park	Loganholme – Tanah Merah	Slacks Creek
Beenleigh	Greenslopes	Loganlea	South Brisbane
Boronia Heights – Park Ridge	Greenbank Military Camp	Logan Central	West End
Browns Plains	Highgate Hill	Marsden	Woodridge
Coorparoo	Hillcrest	Park Ridge	Woolloongabba
Eagleby	Kangaroo Point	Regents Park – Heritage Park	
East Brisbane	Kingston		

PLEASE EMAIL COMPLETED REFERRAL TO bridges.reconnect@lutheranservices.org.au; OR FAX TO 3808 3393 MARKED ATTENTION of Bridges Reconnect. PHONE 3209 1466

Bridges Reconnect will advise you of the outcome of this referral, or will provide you with appropriate alternate options if the referral does not meet program criteria.