Lutheran Services
Mental Health

TRP Referral Form

Application for support from the Transitional Recovery Program (TRP)   Date:

Please note that the Graceville TRP services individuals with medium to severe mental health issues. Please contact us on 07 5441 4682 if you have any questions about this form.

It is important for your application that you provide as much information about yourself as possible. Please complete all sections of this form with as much detail as you can.

Support Requirements

Which section of TRP are you applying for?

☐ TRP Empower (accommodation)

☐ TRP Connect (outreach support)

Personal Details

Full Name:		
Preferred Name:	Gender:	
Address:		
Telephone:	Mobile:	
Date of Birth:	Country of Birth:	
Centrelink CRN:		
Do you receive a pension? YES / NO	If yes, what type?	
Do you have a Housing Approval Number? YES / NO	If yes, what is it?	
Do you have a QCAT appointed Personal Guardian?		YES / NO
Please give us the name and contact number of your Personal Guardian.	Name: Phone:	
Do you have a Nominated Support Person or advocate?		YES / NO
Please give us the name and contact number of your Nominated Support Person or advocate.	Name: Phone:	
Would you like your Nominated Support Person or advocate to be involved in your application process?		YES / NO
Do you have a diagnosed mental illness?		YES / NO
If yes, please provide brief details:		
Spiritual needs?		

Current Support Service

Are you currently being supported by another service?	YES / NO
Name of Service:	Phone Number:

History

NOTE: The purpose for the history questions below is to assist the TRP to ensure that we are able to provide the best possible support for you in the program. Answering "Yes" to any of the questions does not mean you are ineligible for the program.	
Do you have any history of drug and/or alcohol misuse?	YES / NO
Do you have a history of suicide attempts?	YES / NO
Do you have any history of actual or attempted self-harm?	YES / NO
Do you have any history of violence and/or aggressive behaviour?	YES / NO
Are you currently on a Forensic Order?	YES / NO
Are you currently on a Treatment Support order?	YES / NO
Are you currently on a Treatment Authority?	YES / NO
Do you currently have a formal risk management strategy in place relevant to any of the items above?	YES / NO

Please provide full details if you answered 'Yes' to any of the History questions above:
Please attach any relevant supporting documentation to this referral (e.g. risk assessment, discharge summary etc.).

Additional Comments:

Please add any further information that you would like us to know:

Statement of Understanding and Participation

Please ensure all of the following items are checked off BEFORE submitting this application. (Please tick each item)**:**

- ☐ I am willing to actively participate in a recovery based program.
- ☐ I agree to keep all appointments set with my TRP support worker or notify them when I am unable to do so.
- ☐ I agree to attend all appointments with my TRP support worker free from the influence of illicit drugs or alcohol.

Name: ______________________

Signature: ______________________ Date: ______________________

Application Checklist

Please ensure all of the following items are checked off BEFORE submitting this application. (Please tick each item)**:**

- ☐ All sections of form are fully completed.
- ☐ Form is signed (below) by referring person from Queensland Health Adult Mental Health Services.

Referrer Signature

Name: ______________________ Signature: ______________________

Position Title: ______________________ Department: ______________________

Date: ______________________

IMPORTANT:

This form must be signed by both the referrer and the applicant prior to being submitted. Incomplete forms may be returned to the referrer for correction prior to being considered.