



The Salvation  
Army  
Youth  
Programs  
**Referral Form**

Ph: (03) 5823 9500  
Email: NorthEastYouthServices@salvationarmy.org.au

Completed by:

Date: [Click Here](#)

Support Requested:

<input type="checkbox"/> <b>Crisis Accommodation</b>
<input type="checkbox"/> <b>Case Management Outreach (Homeless or at Risk of Homelessness)</b>

**Young Person's Details:**

Name:	Age:
Pronouns:	DOB:
Gender Identity:	Phone:
Address:	Post Code:
Country of Birth:	Cultural Identity: Choose an item.
Indigenous Status: Choose an item.	Interpreter Required: Choose an item.
Education Status: Choose an item.	Preferred Language:
Employment Status: Choose an item.	
Income Source: Choose an item.	Customer Reference Number (CRN):
Income Managed (Basics Card): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there NDIS Support/Package: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a MARAM been completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there current Child Protection involvement: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Young person has consented to this referral being submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Parent/Guardian/Carer/Significant Other Details:**

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to Young Person:	Relationship to Young Person:

**Referring Agency Contact Details:**

Contact Person:	Relationship to Young Person:
Agency Name:	Phone Number:
Address:	
Email:	

**Other services/agencies which the young person is currently engaged with:**

<u>Name:</u>	<u>Organisation:</u>	<u>Role:</u>	<u>Contact Number:</u>	<u>Email Address:</u>



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**Accommodation History Previous 12 Months (Homelessness Pathway):**

<p><b>Current/Most Recent Housing Situation:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Approx. Length of Stay:</b></p> <hr/> <hr/>
<p><b>Reason(s) for Leaving:</b></p> <hr/> <hr/> <hr/> <hr/>
<p><b>Previous Housing Situation:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Approx. Length of Stay:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Housing Situation/Reason for Leaving:</b></p> <hr/> <hr/> <hr/> <hr/>

The Salvation Army Northeast Victoria Youth Programs	Referral Form	
<b>Approved By:</b> The Salvation Army Youth Programs Leadership Team	Version 3	Page 2 of 4
Document # 2	<b>Last Reviewed:</b> August 2023	<b>Review Due:</b> August 2024



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**Education/Training/Employment:**Please give as much detail:

**Risk to Self/Others:** *Is there a history of violent behaviour or self-harm?*

Please give as much detail:

**Mental Health:** *Has the young person identified any mental health conditions? What supports are being accessed? Currently supported by CAHMS?*

Please give as much detail:

**Physical Health:** *Has the young person identified any medical conditions? What supports are being accessed?*

Please give as much detail:

**Disabilities:** *Has the young person identified any disabilities? NDIS supports?*

Please give as much detail:

The Salvation Army Northeast Victoria Youth Programs	Referral Form	
<b>Approved By:</b> The Salvation Army Youth Programs Leadership Team	Version 3	Page 3 of 4
Document # 2	<b>Last Reviewed:</b> August 2023	<b>Review Due:</b> August 2024



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**AOD:** *Has the young person identified substance use? What supports are being accessed?*

Please give as much detail:

**Legal:** *Has the young person identified any outstanding legal issues, current IVO or probation periods?*

Please give as much detail:

**Additional Information:** Example: Current engagement capacity, how does young person present?

Does the young person feel about entering crisis accommodation?

Please give as much detail:

**Please send all referrals to: [referrals@salvationarmy.org.au](mailto:referrals@salvationarmy.org.au)**

**Email Subject Line: Crisis Accommodation Referral or Case Manager Referral**

**Referral Outcome:** *(To be completed by TSA staff)*

Assessment (Summary):

Eligibility for support:  Yes  No

Program:  Crisis Accommodation  Transitional Support

Service Commencement Date: [Click Here](#)

Referral Non-acceptance (Provide Reason):

The Salvation Army Northeast Victoria Youth Programs	Referral Form	
<b>Approved By:</b> The Salvation Army Youth Programs Leadership Team	Version 3	Page 4 of 4
Document # 2	<b>Last Reviewed:</b> August 2023	<b>Review Due:</b> August 2024