**Information collected in this form is to help you make a plan to connect with the young person. You do not need to fully complete the form to begin working.**

**Referral Stage II Form – Kimberley**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YOUNG PERSON’S DETAILS** | | | | | | | | | | | | | | | | | |
| **First Name** | | | |  | | | | | **Last Name** | | | | | |  | | |
| **Preferred Name** | | | |  | | | | | | | | | | | | | |
| **Cultural Identity/Communities** | | | |  | | | | | | | | | | | | | |
| **Current Address** | | | |  | | | | | | | | | | | | | |
| **Phone 1** | | | |  | | | | | **Phone’s owner** | | | | | | |  | |
| **Phone 2** | | | |  | | | | | **Phone’s owner** | | | | | | |  | |
| **Alternative Contact (email/messenger)** | | | | | | | | |  | | | | | | | | |
| **What Information has been provided to the young person about Home Stretch WA?**  **Does the family or carer have any expectations about Staying On or Housing Allowance?** | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **CURRENT SUPPORT NEEDS/GOALS** | | | | | | | | | | | | | | | | | |
| **What are the are most important things in the young person life right now?** | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **What part of the Home Stretch WA service would be most helpful for them right now?** | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **Are there things that require a quick response?** (i.e. risk of homelessness, justice issues, up-coming deadlines for opportunities, current goals & engagement - employment, study, hobbies/interests) | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **SUPPORT CIRCLES - FOOTPRINTS** | | | | | | | | | | | | | | | | | |
| **Who are the most important people/places/communities in the young person’s life?**  Record the details on the ecomap below. The closer to the centre, the stronger the connection. | | | | | | | | | | | | | | | | | |
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| **Are there any elders, family members or important cultural people who should be involved or consulted before we can connect with this young person?** | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **DETAILS OF ANY CHILDREN/DEPENDENTS (if applicable)** | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Date of Birth** | | **Relevant Info** | | | | | | | | | |
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| **CONTACT DETAILS OF PROFESSIONAL SUPPORTS** | | | | | | | | | | | | | | | | | |
| **Worker Name** | | | | | | **Role** | | | | | | | **Contact** | | | | |
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| **DETAILS OF CURRENT LIVING ARRANGEMENT** | | | | | | | | | | | | | | | | | |
| **Where is the young person living most of the time?** i.e location, details of property, conditions of the living arrangement, type of placement | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **Who is the head of the house/property/community?** | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | **Relationship** | | | | |  | | | |
| **Contact** |  | | | | | | | | **Supportive of Referral?** | | | | | Yes  No | | | |
| **Address** | | | |  | | | | | | | | | | | | | |
| **How long has the young person been living here?** | | | | | | |  | | | | | | | | | | |
| **Are there any financial supports that are paid towards the living arrangement** i.e gift cards, subsidy, payments | | | | | | |  | | | | | | | | | | |
| **Are there other young people or children living there?** | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **Are there any other key support agencies involved in supporting the carer or other family living there?** | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **Are there any safety concerns for the young person, or our team who might visit this living arrangement? How might we manage the risk?** | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **COMPLETE IF FOSTER OR SIGNIFICANT FAMILY CARER** | | | | | | | | | | | | | | | | | |
| **Carer Name** | |  | | | | | | | | | **Relationship** | | | | | |  |
| **Phone 1** | |  | | | | | | | | | **Email** | | | | | |  |
| **Who currently supports the carer?** | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | **Role** | | | | | |  |
| **District/Agency** | |  | | | | | | | | | Phone | | | | | |  |
| **TRANSITION PLAN FOR CARER SUPPORTS (To be completed with Staying On Facilitator)** | | | | | | | | | | | | | | | | | |
| **What would be the best way to introduce and transition support for the family or carer to the Home Stretch WA team member who will support carers?** (i.e. direct contact by phone first, joint session to introduce, location to meet, times, key people) | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | |
| **CURRENT SUPPORT NEEDS OR AREAS OF CONCERN FOR LIVING ARRANGEMENT** | | | | | | | | | | | | | | | | | |
| **Are there any issues or concerns which may affect the safety or stability of the living arrangement?** (i.e. conflict, siblings in care, AOD, NDIS support, health, financial) | | | | | | | | | | | | | | | | | |
| **I**  Details:  **OME SOURCE** | | | | | | | | | | | | | | | | | |
| **RELEVANT BACKGROUND** | | | | | | | | | | | | | | | | | |
| **DISABILITY AND NDIS PACKAGE INFORMATION** | | | | | | | | | | | | | | | | | |
| **See Disability Support Planning Form** | | | | | | | | | | | | | | | | | |
| **GUARDIANSHIP/ADMINISTRATOR** (If applicable) | | | | | | | | | | | | | | | | | |
| **Are Administration Orders in place for the young person?** | | | | | | | | | | | | Yes  No | | | | | |
| **Administrator’s Name** | |  | | | | | | | | **Phone** | |  | | | | | |
| **Address** | |  | | | | | | | | **Email** | |  | | | | | |
| **Details of the Administration Order** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Are Guardianship Orders in place for the young person?** | | | | | | | | | | | | Yes  No | | | | | |
| **Guardian’s Name** | | |  | | | | | | | **Phone** | |  | | | | | |
| **Address** | | |  | | | | | | | **Email** | |  | | | | | |
| **Details of the Guardianship Order** | | | | | | | | | | | | | | | | | |
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| **YOUNG PERSON’S LEAVING CARE PLANNING** | | | | | | | | | | | | | | | | | |
| Current leaving care plan | | | | | Yes  No | | | Leaving care meeting scheduled | | | | | | | | | |
| Current cultural plan | | | | | Yes  No  NA | | | Yes - Date:  No  NA | | | | | | | | | |
| Independent Youth Allowance application | | | | | | | | Current Criminal Injuries Compensation Claim | | | | | | | | | |
| Yes  No | | | | | | | | Yes  No | | | | | | | | | |
| Priority Housing Referral | | | | | | | | Yes – pls detail below  No | | | | | | | | | |
| District Housing Zone Priority Listing  Yes  No | | | | | | | | | | | | | | | | | |

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| **ENGAGEMENT PLAN** |
| **What would be the best way to introduce the young person/family/carer to a Home Stretch WA Transition Coach** (i.e. best location to meet, times, dates, joint sessions, key people) |
|  |
| **Are there any barriers to engagement for this young person because of their experiences of care? Is the young person likely to go through lore soon? Are there cultural barriers to engaging with our specific organisation? Are there any particular staff who might be able to work with them for cultural reasons?** |
|  |
| **Will the young person require follow-up for more than 6 weeks in order to offer them time to make a choice to engage with Home Stretch?** |

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| **COMMUNITY ENGAGEMENT PLAN (high risk, hard to engage, transient young people)** | | | | |
| **What communities or towns are regularly visited by the young person? Who might be able to help connect the young person with Home Stretch?** | | | | |
| **Location/Place** | **Locator Contact [Name]** | | **Engagement Strategy** | |
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| **How might other Home Stretch WA providers assist in engaging this young person?** | | | | |
| **Provider** | | **Key Contact** | | **Support Strategy** |
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| **OFFICE USE ONLY** |
| Referral Form Stage II completed by Home Stretch WA Transition Coach or discussed with Key  Worker |
| Engagement plan established & meeting booked to complete service offer & sign up |
| Engagement plan established with relevant Placement Officer/CSO Foster Carer Agency,  Staying On Facilitator to complete Staying On Agreement meeting (if applicable) |
| **KEY RESOURCES/DOCUMENTS** |
| Home Stretch WA Flyer - Fact Sheet - Young People |
| Staying On – Guide for Carers and Young People |
| Home Stretch WA – Smooth Transition - Explainer Video |
| Home Stretch WA – Protocols for Transition Coach and Case Worker- Working Together |
| **OUTCOME FROM REFERRAL FORM STAGE II** |
| **YOUNG PERSON ACCEPTS HOME STRETCH WA OFFER** |
| Referral Form - Stage I & II reviewed and completed with young person as appropriate |
| Young person signs Consent to Participate & Collect Information Form |
| Consent to Obtain & Store Records Form discussed with young person and signed |
| Young person signs Provider Release of Information Form |
| Email sent to Child Protection worker, Team Leader, Placement Officer/CSO Foster Care  Agency, Home Stretch WA Coordinator to advise of sign up |
| Email sent to relevant Leaving Care Provider (if applicable) to advise of sign up |
| Meeting booked to establish Onboarding & Working Together Protocols |
| Meeting booked for Staying On Agreement (if applicable) |
| **YOUNG PERSON DOES NOT ACCEPT HOME STRETCH WA OFFER** |
| Email sent to Child Protection Worker, Placement Officer/CSO Foster Care Agency, and  Home Stretch WA Coordinator to advise of outcome |