

# DO NOT USE - Home Stretch WA – Kimberley Referral Form – Stage I

## West Kimberley

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## East Kimberley

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REFERRAL		Date
Has the young person agreed to this referral?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this young person already known to one of the organisations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Which district office is nearest to the young person's current residence?		
Which district office is the young person currently supported through?		
Which cultural/language group does the young person identify with?		
YOUNG PERSON'S DETAILS		
First Name		Last Name
Preferred Name		Identified Gender
Telephone		Other Contact
Country of Birth	<input type="checkbox"/> Australia <input type="checkbox"/> Other	Date of Birth
		Age
Cultural Identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Aboriginal or Other Language Group - pls specify:	
Current Living Arrangement	<input type="checkbox"/> Family/Significant Other Carer <input type="checkbox"/> Crisis/Temporary Accommodation <input type="checkbox"/> Department Foster Care <input type="checkbox"/> Biological parent/s <input type="checkbox"/> Agency Foster Care <input type="checkbox"/> Self-selected placement <input type="checkbox"/> Independent Living/House Share <input type="checkbox"/> Couch Surfing/Transient <input type="checkbox"/> Residential Care <input type="checkbox"/> Other	
Any Children?	<input type="checkbox"/> Yes How Many? <input type="checkbox"/> No	Are the children in their care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person regularly move between remote communities and town?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which communities?	
Can the young person Stay On with their foster or family carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who currently supports the carer?	Key Contact: Tel:	
What level of support was identified in the most recent Needs Assessment Tool? (NATS 1-5)	Level	Date of Assessment:
Is the young person eligible or linked to the NDIS? (If yes, please contact the coordinator of the Home Stretch program)	<input type="checkbox"/> Yes <input type="checkbox"/> Referral considered <input type="checkbox"/> No	
What is the current frequency of support needed?	<input type="checkbox"/> Less than weekly <input type="checkbox"/> Weekly on average <input type="checkbox"/> Multiple appointments per week	
What level of support might the young person need? (Refer to Table 1. Support Needs Rating and current frequency of support needed)	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	

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## CHILD PROTECTION/KEY SUPPORTS - Who can best support a smooth transition?

<b>Key Person</b>	<input type="text"/>	<b>Relationship</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>Other</b>	<input type="text"/>
<b>Case Manager</b>	<input type="text"/>	<b>District</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Team Leader</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>

### ANY OTHER RELEVANT INFORMATION TO ASSIST WITH TRANSITION COACH ALLOCATION

Preferred gender of coach, Aboriginal community of origin, accessibility of current living arrangement, details about family, risk issues for staff, current goals, urgent or critical support need.  
e.g. living in remote community, young person going through lore, family connection to provider.

**Does the young person regularly move between regional towns or communities?**

Yes  No

If yes, give details.

**Would it be important for more than one Home Stretch WA provider to offer support to the young person due to transience or cultural needs?**

Yes  No

If yes, which providers?

**TABLE 1. Support Needs Rating Based on Experiences of Care**

Low	Moderate	High
Experienced stability and continuity in their living arrangements	Experienced some instability, movement and disruption in their placements	Experienced multiple placements, and little continuity or stability in placements
Experienced consistent relationships and a secure attachment relationship with a caregiver	Experienced inconsistent relationships and attachments, likely to disengage from child protection at times	Significant disruption in relationships throughout their lives, and a limited connection to trusted adults
Completed schooling, or participating in ongoing education, training or employment	Experienced barriers to engagement and success in education and training while in care with few/no qualifications	Lived through significant adverse childhood experiences, and complex trauma before coming into, or whilst in care

### OFFICE USE ONLY

Young person added to Intake Register

### Outcome - please tick whether referral has been accepted or not and outcome

<input type="checkbox"/> <b>Referral Accepted</b>	<input type="checkbox"/> Discuss & allocate case to: <input type="text"/>	<input type="checkbox"/> Allocation email sent to Transition Coach & Child Protection Worker
<input type="checkbox"/> <b>Referral Not Accepted</b>	<input type="checkbox"/> Discuss case & exclusion criteria with ADD/Team Leader	<input type="checkbox"/> Advised of reason for decision in writing by email