

# Home Stretch WA - Metro Referral Form – Stage I

Young People living in the Perth Metro Area must give consent before this form is sent to a local Home Stretch WA service provider.

- Salvation Army (Metro)    
  Wanslea (Peel/Rockingham)    
  Yorganop (Aboriginal)

homestretch@salvationarmy.org.au

homestretch@wanslea.org.au

referrals.homestretch@yorganop.org

REFERRAL		Date		
Has the Young person agreed to this referral to Home Stretch?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would the young person prefer an Aboriginal Service Provider?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Young person is currently active with a Leaving Care Service?		<input type="checkbox"/> Yes - tick agency	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Salvation Army <input type="checkbox"/> Wanslea <input type="checkbox"/> Mission Australia <input type="checkbox"/> Other -				
YOUNG PERSON'S DETAILS				
First Name		Last Name		
Preferred Name		Identified Gender		
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 or Significant Other care <input type="checkbox"/> Crisis/Temporary Accommodation <input type="checkbox"/> Independent Living/House Share <input type="checkbox"/> Biological parent/s or Unendorsed placement <input type="checkbox"/> Residential Care <input type="checkbox"/> Couch Surfing/Transient <input type="checkbox"/> Agency Foster Care <input type="checkbox"/> Other			
Any Children?	<input type="checkbox"/> Yes                         Are the children in their care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No			
Is the young person eligible to Stay On to 21 with a carer in a placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who currently supports the foster carer?	Key Contact:			
What level of support was identified in the most recent Needs Assessment Tool? (NATS 1-5)				
Is the young person eligible or linked to the NDIS?	<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 CONTACT DETAILS - Who can best support a smooth transition?

Key Contact	<input type="text"/>	Position Title	<input type="text"/>
District Office	<input type="text"/>	Address	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Team Leader	<input type="text"/>	Email	<input type="text"/>

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

(preferred gender of coach, Aboriginal community of origin, details about carer, risk issues for staff, current living arrangement, location, urgent or critical issues & support needs)

Would the young person and their support circle prefer an Aboriginal Transition Coach to introduce them to Yorgana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would the young person prefer a male or female transition coach for cultural reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 from Application (please tick whether referral has been accepted or not & outcome)

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