



Youth & Family Casework Services Referral Form

Referral Source			
Referring Organisation:			
Contact Name:		Phone:	
Email:		Mobile:	
Are you currently working with the family:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Referral date:	
Has the client been informed of this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Client Details			
(Please note eligibility criteria, young person to be aged between 12-17, to reside or attend school in Penrith LGA)			
First Name:		Last Name:	
Date of Birth:		Gender Identity and or preferred pronoun:	
School / Institution:		Mobile:	
Cultural Identity:			
Address:			
Parent / Guardian Details			
First Name:		Last Name:	
Date of Birth:		Gender Identity and or preferred pronoun:	
Home Phone:		Mobile:	
Cultural Identity:			
Address:			
Has the parent / guardian consented to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Reason for Referral

Why have you made this referral?

Issues young person and family may require assistance to address

Domestic and/or family violence:	Yes No Unknown	Details:
Alcohol or substance misuse/ abuse	Yes No Unknown	Details:
Financial stress	Yes No Unknown	Details:
Housing issues	Yes No Unknown	Details:
Employment	Yes No Unknown	Details:
Health	Yes No Unknown	Details:
Mental health	Yes No Unknown	Details:
Educational disengagement	Yes No Unknown	Details:
Behavioural concerns	Yes No Unknown	Details:
Safety concerns	Yes No Unknown	Details:
Relationship breakdown with family or peers	Yes No Unknown	Details:
Other	Yes No Unknown	Details:

Worker Safety Issues

Are there any worker safety issues?	Yes No Unknown	Details:
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Where to send this referral

Email referral form and any other documents to

NCNS Youth Caseworker intake at:

melissa@nepeancommunity.org.au

For any questions, please contact Youth Caseworker on 0437 911 672