

Detour Referral Form

Confidential

Date:

Detour		
Frankston	1800 474 993	detour.frankston@mcm.org.au
Sunshine	1800 338 687	detour.sunshine@mcm.org.au
Has the young person given consent for the referral to be made to Detour? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Referrer Details	
Worker's name and position:	
Agency and Program Name, school, etc:	
Worker's contact number:	Worker's Email:
How long have you worked with the young person?	
Why was young person referred to you?	

Reason for Referral
Please indicate why you believe this is an early intervention referral appropriate for Detour.

Young person's details		
Given Name:		Family Name:
Preferred Name (if different to above):	Gender:	Pronoun/s:
Date of Birth:	Age:	
Contact number:		Preferred Method <input type="checkbox"/>
Email Address:		Preferred Method <input type="checkbox"/>
Secondary Contact Number (If unable to contact the young person):		Preferred Method <input type="checkbox"/>
Emergency Contact Person: (in case of emergency)		
Name:	Relationship:	Mobile:
Residential Address:	Type of housing: <input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Caravan <input type="checkbox"/> Cabin <input type="checkbox"/> Rooming House <input type="checkbox"/> Couch <input type="checkbox"/> OOH <input type="checkbox"/> Other	
Does the young person identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		
If not born in Australia		Is an interpreter required Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth:		Language:
Date of Arrival:		
Visa type:		
Does young person have a NDIS support package?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
Does young person have past or current Child Protection involvement?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	
Is the young person a current or former Australian Defence Force (ADF) member	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	

Where is the young person staying? How long can they stay there? Why is housing unstable?

Income and Employment:

Is the young person working?

Yes ☐ No ☐

If yes, is employment:

Casual ☐ Part Time ☐ Full Time ☐

Details of work:

Income amount:

Is the young person receiving Centrelink Income?

Yes ☐ No ☐ Awaiting ☐

If yes,

Payment Type:

Amount:

Mental Health

Does the young person have a Mental Health Diagnosis?

Yes ☐ No ☐

Diagnosis:

Do you have any concerns about the young person's mental health?

Yes ☐ No ☐

If yes, please describe:

Risks and Safety

Are there any other safety concerns or behaviours or risks we should be aware of? (e.g. FV, worker safety issue, other)

What does the young person wish to achieve through Detour support? Please list 2-3 specific goals.

Please list any other services involved

Additional information/comments