Mura Lanyon Youth and Community Centre

Youth Engagement Case Work

**Initial Assessment and Referral Tool**



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| **Personal Details** |
| **Name** |       | **DOB** |       | **Gender** |  |
| **Phone** | Home:       | Mobile:       | **Is it safe to leave a message?** | Yes [ ]  No [ ]  |
| **Address** |  |
| **Access Issues** |  |

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| **Youth Engagement Referrer** |
| **Youth Engagement Officer** |       | **Initial Contact Date** |       |

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| **Primary Referrer’s Details** |
| **Referrer’s Name** |       | **Organisation** |       |
| **Email address** |       | **Phone number** |       |

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| **Other Household Members** |
| **Name** | **DOB** (or est. age) | **Relationship to Young Person** |
|       |       |       |
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| **Culture and Communications** |
| **Aboriginal**  [ ]  | **Torres Strait Islander** [ ]  | **Both** [ ]  | **Neither**  [ ]  |
| **Other**  [ ]  **Please specify** |       |
| **Primary Language** |       | **Interpreter needed?** | Yes [ ]  No [ ]  |
| **Additional Needs or Disability** |
| Yes [ ]  No [ ]  **Please specify** |       |

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| **Why is this referral being made?** (What are the main areas of concern for the young person and what would they like assistance with?) |
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| **Involvement with statutory child protection services** (current and past) |
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| **Expectations of service provision.** (What service is needed to meet the needs of the young person?) |
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| **What are the strengths of this young person? What interventions have previously been successful?** |
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| **Other information to assist in referral acceptance, prioritisation and allocation** (eg. risk level, court orders, legal issues, housing situation, income status, violence, safety issue, history of engaging services) |
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| **Other services involved with the family** |
| **Family Member** | **Organisation** | **Service Provided** | **Contact Name** | **Contact Number** |
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| **Knowledge and Involvement in Referral Process** |
| **Are the service users aware of the referral?** | Yes [ ]  No [ ]  |
| **Are the service users interested in receiving support?** | Yes [ ]  No [ ]  |
| **Has the service user provided verbal or written consent for this information to be shared with a service that may provide suitable support?** | Yes [ ]  No [ ]  |
| **Has the service user provided verbal or written consent for this referral to be reviewed by a multi-disciplinary panel?** (eg. weekly allocation meeting) | Yes [ ]  No [ ]  |

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| **Needs Assessment** |
| **Please use your professional judgement to rate the level of support needed for this young person in terms of the following areas:*** **Safety**
* **Stability**
* **Development**

**Please also consider how age, stage, gender and culture affects or impacts on their vulnerability** |
|  | **Low needs*** Few unmet needs
* Some good supports in place
* May benefit from some further community supports
 | **Medium needs*** Several unmet needs
* Problems with (or little) current family/social support
* Would benefit from a community service
 | **High Needs*** Multiple unmet needs
* No (or very little) current family/social support
* Currently in crisis
 |
| Young Person |  |       |       |