

THE MELBOURNE PROJECT

REFERRAL FORM

We would expect that this form would be completed in a fully comprehensive manner, and would include any previously completed Risk Assessments.

We would also expect that any referrer would use this form to express any concerns, which will affect an individual being housed in a staffed house where staff will be working alone at times.

Information may be passed verbally but it will be documented in written form and filed in closed file.

All information will be used to assess a client's needs and ensure their suitability to the house.

If an individual is unsuccessful in their application all written referral information will be destroyed within one month, with the exception of a note being held that a referral was made (including referral agency details) and reasons why it was unsuccessful.

Name of Client:	
Relationship to Client:	
How long has your Client been known to your service?	
How long have you worked with your Client?	

<p>Please give brief details of the work you have done with your Client?</p>													
<p>Please indicate if any of the following apply to your client.</p>	<table border="0"> <tr> <td>History of Arson</td> <td>YES/NO</td> </tr> <tr> <td>History of Firestarting (accidental/otherwise)</td> <td>YES/NO</td> </tr> <tr> <td>History of violent behaviour</td> <td>YES/NO</td> </tr> <tr> <td>History of illicit/prescribed drug misuse</td> <td>YES/NO</td> </tr> <tr> <td>History of sex offending</td> <td>YES/NO</td> </tr> <tr> <td>Have a criminal record</td> <td>YES/NO</td> </tr> </table> <p>If yes to any of the above please give details</p>	History of Arson	YES/NO	History of Firestarting (accidental/otherwise)	YES/NO	History of violent behaviour	YES/NO	History of illicit/prescribed drug misuse	YES/NO	History of sex offending	YES/NO	Have a criminal record	YES/NO
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<p>Please give details of any other services used by your client, including contact details where possible.</p>	
<p>Please give details of any 'Personal Care' issues your client has and if any services have been put in place to accommodate these.</p>	
<p>Has your Client had a Health and Disability Assessment done? If Yes, what was the outcome?</p>	

<p>Please give details of any Mental Health issues that affect your client. Also, any service they access in relation to this.</p>	
<p>Please give details of any Medical issues that affect your client. Also, any service they access in relation to this.</p>	

<p>Please give an outline of your clients drinking habits, i.e. binge-drinking, types of alcohol used & quantities, which would be important in assessing an individuals support needs.</p>	
<p>Please outline what you consider to be the key future support needs of your client.</p>	

Signed _____

Date _____

Contact Phone Number _____