

YHARS Case Management Support Referral Form



(excluding After Care)

To be completed for service to service referrals

New referrer details			
Worker/Volunteer		Date	
Position		Organisation	
Phone		Email	
Consumer details			
Name of consumer		exiting or transitioning from Child Safety orders	
DOB		transitioning from a period of sentence or remand in youth detention	
Current address		sleeping rough / primary homelessness	
Contact phone		exited from care	
Contact email		exiting or transitioning from the Unaccompanied Humanitarian Minors (UHM) program	
Brief description of presenting issues		Yes/No	Yes/No
Accommodation			Education
Financial			Employment
Health			Interpersonal relationships
Other			Independent living skills

Note – due to privacy and confidentiality only a brief overview is needed of the key issues.