|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Logo  Description automatically generated | **Office Use Only**

|  |  |
| --- | --- |
| Referral Date:  | Risk Category:  |
|  |

|  |
| --- |
| **Youth Referral Form** Please email referral to hayleyjenkins@emergecafe.com.au or call 0413 832 568 for enquiries/urgent assistance |

 |

|  |
| --- |
| Young Person’s Details |

|  |
| --- |
| Name: |
| DOB / Age:  |
| Does the young person consent to this referral? Yes / No  |
| Best Contact for young person:  |  |

|  |
| --- |
| Referring Organisation  |

|  |
| --- |
| Organisation:  |
| Name:  |  |  |
| Email:  | Phone:  |

|  |
| --- |
| Presenting Issues  |

|  |  |  |
| --- | --- | --- |
| **Crisis / Immediate**  | **Notes**  |  |
| Homelessness / Risk of Homelessness  | Open box |  |  |
| Involvement with youth justice system  | Open box |
| Substance Abuse  | Open box |
| Child Safety Involvement  | Open box |

|  |
| --- |
| Support requested from Emerge.  |

|  |  |  |  |
| --- | --- | --- | --- |
| Crisis/Outreach Service | Open box | Employment | Open box |
| Accommodation | Open box | General Program | Open box |

|  |
| --- |
| Anything else we should know:  |