|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Logo  Description automatically generated | **Office Use Only**   |  |  | | --- | --- | | Referral Date: | Risk Category: | |  | |  |  | | --- | | **Youth Referral Form**  Please email referral to [hayleyjenkins@emergecafe.com.au](mailto: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: |