

Melbourne Gateway Reconnect

Providing Early Intervention Strategies for young people & their families

Referral Form

Please complete the following checklist.

Is the young person:	Yes	No	Not known
Aged 12- 18 years old			
Living, working, attending school or accessing the CBD or inner metropolitan Melbourne			
At risk of leaving home or within 6 weeks of having left home/has had minimal episodes of home leaving			
Has had minimal support/involvement with intense support services			
Seeking assistance with improving relationships with family members, significant others and/or community			
Parental/guardian consent has been obtained if the young person is aged 15 or under			

If you have answered no or not known to any of the above please contact us on 9611 2411 to discuss this referral. Referrals will be assessed on Thursdays.



Melbourne Gateway Reconnect

Details

Name of young person: _____

Current address: _____

Suburb: _____ Postcode: _____

Contact no: _____

Mobile no: _____

Date of birth: _____ Age: _____

Country of Birth /Cultural Identity: _____

Gender:

Male

Female

Family/Guardian Details

If appropriate is Melbourne Gateway Reconnect able to contact the young person's parents/guardian? YES NO

Mother or guardian's contact number & name:

Father or guardian's contact number & name:

Is there anyone else we should be contacting?

Reasons for young person/family referred to Reconnect? (Main issues)_____

Referral Source Details

Young person has self referred Centrelink

Parent/Guardian has self referred Support service

School

Who is aware that the referral to Melbourne Gateway Reconnect is being made?

Young person only Parent/Guardian only

Both young person and parent/s or guardian aware

If a referral has been worker generated, please provide the following details:

Name of support worker:

Position:

Organisation:

Contact number:

Date: ____/____/____

Please return this via fax (marked confidential) to attention: Melbourne Gateway Reconnect on 9614 3622 or alternatively via email to SMaillet@mcm.org.au



Client Consent Form For Release of Confidential Information

The aim of this form is to enable Melbourne Gateway Reconnect staff to speak with other services regarding issues relating to you. You do not have to sign this form.

Release of information between services

I, _____ (print name) give permission for Reconnect workers to provide/receive information from other services about me.

I am aware that I can withdraw my consent at any time.

Signature: _____ Date: _____