

Youth Support Intake Form



Is the client aware of the referral: Yes No

N.B: Please note if the client is unaware of the referral, referral can not proceed.

How did you hear about our service? _____

Referral Taken By: _____ Date Taken: _____ Time: _____

Referred By: _____ Relationship: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Young Person Name: _____ Date of Birth: _____ Age: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Email: _____

Aboriginal / Torres Strait Islander CALD Language spoken at home: _____

Living Arrangements: At home Carers Homeless Independent

Other _____

Medical Issues: _____

Legal Guardian Name: _____ Relationship: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Email: _____

School Involvement: Yes No If no when last attended: _____

Name of School: _____ Address: _____

Suburb: _____ Postcode: _____ Phone: _____

Year Level: _____ Name of Contact: _____

Has client been involved with Youth Support before? Explain (including worker, length of time, outcome etc)

Consent from Client:

I consent to this referral occurring and agree that the above named referrer make contact with Mornington Peninsula Shire Youth Services Program. I acknowledge that no other support service, person or agency will be contacted however give Mornington Peninsula Shire Youth Services Program consent in making contact with me for further information/support. I understand that the information collected on this form will be kept confidential and not discussed outside of the Mornington Peninsula Shire Youth Services Program, unless I otherwise authorise.

Signature: _____ Date: _____

Consent without client present:

I understand that the information provided on the referral form may only be used for the purposes to Mornington Peninsula Shire Youth Services Program. The referee has given me verbal consent to provide this information and they would be willing for Mornington Peninsula Shire Youth Services Program to make contact with them to gain more information/support. Consent has not been given to make any contact with other services for any other purposes. I agree to keep the above information confidential and not discuss it outside of the Mornington Peninsula Shire Youth Services Program.

Signature: _____ Date: _____