

Details of Young Person Referred

First Name: _____ Surname: _____

Age/ DOB: _____ Gender: _____

Contact No: _____ ICMS Number: _____

Address: _____ Post Code: _____

Parents/Guardian: _____ Contact No: _____

Other Significant Family: _____ Contact No: _____

Cultural Identity:

- ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander
☐ Non – Indigenous ☐ Other _____

Young Person's Current Location

Young Person's Current Location

- ☐ Watchhouse ☐ Residence ☐ BYDC ☐ Shelter ☐ Unknown

Comments:

Is the young person on any Statutory Orders?: ☐ Yes ☐ No ☐ N/A

Order Type:

- ☐ PRO ☐ CRO ☐ CBP ☐ BAIL ☐ CSO ☐ GRO
☐ RJ ☐ ISO ☐ DO ☐ REMAND

Youth Justice Service Centre: _____

Caseworker: _____

Next Court Date (if known): _____ **Court Location (if known):** _____

Comments:

Child Safety: ☐ Yes ☐ No

Dual Order Client: ☐ Yes ☐ No

Child Safety Service Centre: _____

Child Safety Officer: _____

Comments:

Young Person's Presenting Issues

- | | | |
|-------------------|--------------------------|-------|
| Substance Abuse | <input type="checkbox"/> | _____ |
| Family Conflict | <input type="checkbox"/> | _____ |
| Homeless | <input type="checkbox"/> | _____ |
| Mental Health | <input type="checkbox"/> | _____ |
| Sexual Assault | <input type="checkbox"/> | _____ |
| Domestic Violence | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | _____ |

Reason for Referral:

Young Person Aware of Referral: ☐ Yes ☐ No

Parent/Guardian Aware of Referral: ☐ Yes ☐ No

Thank you for your referral to the Yur'iinkin Youth Program.

Our team will be in contact with you within 48 hours.