Melaleuca Australia

Service Referral Form

We value your referral and will be in contact within 3 days.
Please let us know how we went: **feedback@melaleuca.org.au**.

PERSONAL DETAILS			
Legal name:			
Preferred first name:			
Preferred last name:			
Gender:			
Date of birth:		Estimated? ☐ Yes ☐ No	
Relationship status:			
Number of dependent children at home:	*(Please fill out children's details below if living with primary client.)*		
Address:	Are you homeless or at risk being homeless? ☐ Yes ☐ No Do you feel safe at home? ☐ Yes ☐ No		
Telephone/s:	Is it safe for us to: ☐ Call ☐ Text ☐ Email ☐ No contact		
Email:			
Religion:	☐ Prefer not to say		
Country of birth:			
Ethnicity:		Date of arrival:	
Visa type:	*(Specify type and number)*		
Have you fled war or persecution prior to arrival in Australia?			☐ Yes ☐ No
Preferred language/s:		Interpreter required:	☐ Yes ☐ No
Disability:	☐ Yes ☐ No Type of disability: Do you have a carer? ☐ Yes ☐ No Are you a carer? ☐ Yes ☐ No		

CHILD/REN NAME	GENDER	DOB

EMERGENCY CONTACT DETAILS	
Name:	
Phone:	
Email:	
Relationship:	

Please email referrals to referral@melaleuca.org.au

www.melaleuca.org.au

PARENT/GUARDIAN PERSONAL INFORMATION IF YOU ARE UNDER 15 YEARS OF AGE	
Name:	
Phone:	
Email:	
Address:	
Consent to Melaleuca to provide service for child/youth:	☐ Yes ☐ No
Consent to contact parent/carer to inform of Melaleuca involvement:	☐ Yes ☐ No
Signature of parent/guardian:	

A young adult over the age of 15 can provide their own consent to receive Melaleuca services providing they have no impairment or disability that would impair their ability to do so. Where possible, Melaleuca will always partner with parents in the best interests of their children.

REFERRAL DETAILS	
Date:	
Referring organisation/self:	
Name of worker:	
Telephone/s:	
Email:	
Consent provided from client to make referral:	☐ Yes ☐ No

Additional comments regarding what kinds of support are expected from this referral:

If you need urgent support, please ring 000 or consider contacting:

- **For a safe house:** Dawn House (8945 1388); Catherine Booth House (8981 5928)
- **For mental health support:** MHAT (1800 682 288); Lifeline Australia (13 11 14); Beyond Blue (1300 224 636); headspace (www.headspace.org.au)
- **For emergency accommodation:** Red Shield (8981 5994); YiSSA (8935 0150); YMCA (8981 6504); YWCA (8936 0520)

OTHER SUPPORTS/AGENCIES	
Name of support/agency (e.g. NDIS etc.):	
Contact person:	
Contact details:	
Name of support/agency (e.g. NDIS etc.):	
Contact person:	
Contact details:	

TO BE COMPLETED BY MELALEUCA SERVICES STAFF			
Date of referral:		Received by:	
Program and worker allocation:			
☐ Referral Accepted ☐ Referral Declined		Reason:	

NB: This referral can remain valid for 6 months after the client has exited the program.

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