

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you feel safe at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone/s:	Is it safe for us to: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> No contact		
Email:			
Religion:	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred language/s:		Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of disability: Do you have a carer? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a carer? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently under Adult Guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consent to contact parent/carer to inform of Melaleuca involvement:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

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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:			
<input type="checkbox"/> Referral Accepted	<input type="checkbox"/> Referral Declined	Reason:	

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

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