

Referral Date: _____ Referral for: Tier 1 Tier 2 Tier 3

Young Person consented to referral? Yes No

Please note: Referrals will not be accepted without the signed consent of the young person.

General Information

Name: _____ DOB: ____/____/____

Gender: M / F / X (circle)

Current contact address: _____

Mobile: _____ Email: _____

Ethnicity: _____

Aboriginal or Torres Strait Islander: Yes No

Referred by: Self Family Agency Other

Name of agency/worker/other: _____

Contact number/email for referrer (if not self): _____

In a few words, what led you to experiencing homelessness or being "at risk"?

Education/Training/Employment

Are you currently receiving or eligible for Centrelink or Wage? Yes No

Income source: _____ Weekly / fortnightly amount: _____

Are you currently engaged in education/training/employment or volunteering or have intentions towards gaining one? Yes No (If yes, please include relevant details including job service provider, employer, training provider, education institute)

Accommodation History/Support Network

Have you lived in any other Accommodation Services? Yes No

Accommodation Service	Length of Stay	Reason for Leaving

Other significant person / agencies involved (including family, friends, and services, schools, youth programs)

If you have a legal guardian please provide relevant information including most recent guardianship order.

Name	Relationship	Contact number	Current Order (if applicable)

Medical History

Do you have?

Health Care Card

Yes No

Medicare Card

Yes No

Urgent Ambulance Cove

Yes No

Disability or Medical Condition (including mental health)

Yes No

(If yes, provide details)

Regular GP *(If yes, provide details)*

Yes No

Currently taking medications *(if yes provide details of medications and how long you have been taking it)*

Yes No

Support Needs

Have you had any difficulties (in the past or at present) in managing any of the following?

Drugs and alcohol use	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>
Self-harm	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>
Suicidal ideations	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>
Aggression	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>
Fire lighting	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>
Leaving for days and not telling anyone	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>
Involvement with the police/courts	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>
STI's (sexually transmitted diseases)	Past <input type="checkbox"/>	Present <input type="checkbox"/>	Never <input type="checkbox"/>

*If yes to any of the above please provide details, support people, support plans etc. **(It is important for us to have this information so that we can ensure the safety of yourself, other residents and staff in our houses)***

If you were to be housed, what would be one of the first things Horizon Staff could help you with?

Emergency Contact

In the event of an emergency who would be the best person to contact

Parent's Caregiver Guardian Significant other

Name: _____

Contact Number: _____

Signature of Young Person completing this form: _____

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Recommendation: Suitable for assessment Unsuitable

Notes: _____

Horizon House caregiver: _____