Casa Venegas Referral Form

ST JOHN OF GOD Social Outreach

SO 0092

Guidelines for referrals to Casa Venegas

1. Applicants must have a major psychiatric disability
2. Applicant forms are required to be completed by the referring agency
3. *Release of Information* should be signed by the applicant prior to acceptance as a resident
4. Only completed referral forms will be considered
5. Please ensure the following checklist has been completed and the relevant documents are attached:

Tick	Checklist inclusion criteria (to be completed)
☐	Applicant has a current diagnosed mental health condition
☐	Applicant is at risk of homelessness or currently homeless
☐	Applicant is between 18-60 years old
☐	Applicant has exhibited 3-6 months of drug and alcohol abstinence (if previous history of misuse)
☐	Applicant is registered with the Department of Housing or demonstrates a capacity to re-enter private accommodation
☐	Referral completed by a Mental Health professional
☐	If referred from a hospital, a current OT assessment is attached

6. Applicants will be interviewed and assessed for suitability of a vacancy. No guarantee of service can be given
7. Please return this application to:

The Manager
Casa Venegas
13 Grantham Street
BURWOOD NSW 2136

OR

casa.venegas@sjog.org.au

Applicant's details	
Given Name	Applicant's given name(s)
Surname	Applicant's surname
Preferred Name	Applicants preferred name
Gender	Select from list
Date of Birth	Applicant's DOB
Current Address	Applicant's current address
Phone Number	Applicant's phone number
Marital status	
Identifies as:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither
Country of Birth	Enter details here
Main language spoken at home	Enter details here
Other language spoken at home	Enter details here
Is an interpreter needed?	☐Yes ☐No
Can the applicant read English?	☐ With great difficulty ☐ With some difficulty ☐ With no difficulty
Please provide details of reason for referral (required field) Enter details here	
Dependents ☐Yes – number of dependents: Enter details here ☐No	
If the applicant has dependents, are there any family orders applicable?	☐Yes ☐No (If yes, please give details of order) Enter details here
Is a copy of the Family Order included?	☐Yes ☐No
Next of Kin or Support Relationship details	Enter details here
Income ☐ Disability Support Pension ☐ Employed Fulltime ☐ Employed Casual ☐ Other (specify) Enter details here	☐ Newstart Allowance ☐ Employed Part-time
Centrelink Number	Enter details here
Medicare Number	Enter details here
Medicare client number	Enter details here
Medicare expiry	Click or tap to enter a date.

Applicant's details	
Are the applicant's financial affairs under the control of the Protective Officer?	☐Yes ☐No If yes, who is the Guardian (please specify) Enter details here
Is the applicant under a Community Treatment Order or similar?	☐Yes ☐No If yes, who is the Case Manager (please specify) Enter details here

Medical	
Psychiatric diagnosis	Enter details here
Psychiatric History	Enter details here
Current medications	Enter details here
Medications compliance history, including current (please provide details)	Enter details here
Has an OT assessment been completed? (Note: if the applicant is an inpatient, a current OT assessment is required)	Enter details here
Signs and symptoms of mental health deterioration (Attach WRAP or Consumer Wellness Plan where available)	Enter details here
Medication compliance	☐Good ☐Average ☐Poor (please provide details) Enter details here
Does the applicant have a history of abusing their prescribed medications?	☐Yes ☐No If yes please provide details Enter details here

Dates of last 3 Psychiatric Admissions			
From	Click or tap to enter a date	To	Click or tap to enter a date
Place	Enter details here		
From	Click or tap to enter a date	To	Click or tap to enter a date
Place	Enter details here		
From	Click or tap to enter a date	To	Click or tap to enter a date
Place	Enter details here		

Medical	
Rehabilitation	
Participation in past/present AOD or mental health rehabilitation programs?	☐Yes ☐No
Please provide details and contacts Enter details here	
General Health Status	
☐Diabetes ☐ Memory Loss ☐ Epilepsy ☐ Asthma ☐ Gastro intestinal ☐ Other (please specify): Enter details here	
Is the applicant taking any medication for the above?	☐Yes ☐No (If yes, please specify) Enter details here
Does the applicant have any communicable disease?	☐Yes ☐No (If yes, please specify) Enter details here
Does the applicant have any special dietary requirements?	☐Yes ☐No (If yes, please specify) Enter details here
Does the applicant suffer from any allergies?	☐Yes ☐No (If yes, please specify) Enter details here
Is the applicant a tobacco smoker?	☐Yes ☐No (If yes, please specify how many per day) Enter details here
Risks	
Does the applicant consume alcohol?	☐Yes ☐No (If yes, please provide details) Enter details here
Does the applicant use non-prescribed/illicit drugs?	☐Yes ☐No (If yes, please provide details) Enter details here
Is there any indication of abuse of other medications?	☐Yes ☐No (If yes, please provide details) Enter details here
Significant behavioural problems	☐Yes ☐No (If yes, please provide details) Enter details here

Medical	
Suicidal tendencies	☐Yes ☐No (If yes, please provide details) Enter details here
Physical aggression self	☐Yes ☐No (If yes, please provide details) Enter details here
Physical aggression other	☐Yes ☐No (If yes, please provide details) Enter details here
Intrusive sexual behaviour	☐Yes ☐No (If yes, please provide details) Enter details here
Verbal aggression	☐Yes ☐No (If yes, please provide details) Enter details here
Forensic history	☐Yes ☐No (If yes, please provide details) Enter details here
Absconding	☐Yes ☐No (If yes, please provide details) Enter details here
Difficulty handling financial affairs	☐Yes ☐No (If yes, please provide details) Enter details here
Gambling	☐Yes ☐No (If yes, please provide details) Enter details here
Other (please provide details)	Enter details here

Please list health professionals involved in the care of the applicant			
Case Manager	Enter Name	Phone	Enter Phone number
Psychiatrist	Enter Name	Phone	Enter Phone number
General Practitioner	Enter Name	Phone	Enter Phone number
Medical Specialist	Enter Name	Phone	Enter Phone number
Other	Enter Name	Phone	Enter Phone number

Social Interaction	
Is the applicant's interaction with their family	☐ Frequent ☐ Infrequent ☐ Not at all
Is the applicant's interaction with friends	☐ Frequent ☐ Infrequent ☐ Not at all
Is the applicant's family supportive	☐Yes ☐No (please provide details) Enter details here
Does the applicant:	
Have a tendency to isolate themselves from others?	☐Yes ☐No (If yes, please specify) Enter details here
Have an existing network or friends?	☐Yes ☐No (If yes, please specify) Enter details here
Use recreational community facilities?	☐Yes ☐No (If yes, please specify) Enter details here
Have conversation skills?	☐Yes ☐No (If yes, please specify) Enter details here
Have the ability to participate in group situations?	☐Yes ☐No (please provide details) Enter details here
Have any hobbies or interests?	☐Yes ☐No (please provide details) Enter details here

Living Skills		
Please indicate applicant's level of skill		
Personal hygiene	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance
Cooking	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance
Cleaning	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance
Shopping	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance

Living Skills		
Laundry	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance
Money management	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance
Medication	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance
Transport	☐ Independent ☐ Moderate assistance	☐ Prompting/Minimal assistance ☐ Full assistance
Comments section		
Enter details here		

Education		
☐ Primary school	☐ Secondary list year completed Enter Year	☐ Some tertiary
☐ Tech/trade	☐ Unknown	☐ Completed tertiary (List what level) List what level
Enter details of any difficulties with education/learning		
Enter details here		

Employment
Please provide the applicant's employment history
Enter details here

Housing	
Has the applicant lodged an application with the Department of Housing?	☐Yes ☐No
Please provide details Enter details here	
Applicant's Housing T Number	Enter details here
Has the applicant had prior group living experiences?	☐Yes ☐No
Please provide details Enter details here	
Does the applicant look after their own property?	☐Yes ☐No (please provide details) Enter details here

Housing			
Is the applicant respectful to other's property?			☐Yes ☐No (please provide details) Enter details here
From	Click or tap to enter a date.	To	Click or tap to enter a date.
Place	Enter details here		
From	Click or tap to enter a date.	To	Click or tap to enter a date.
Place	Enter details here		

General Information	
Does the applicant have an NDIS Plan?	☐Yes ☐No please provide details) Enter details here
Does the applicant have any other community support systems?	☐Yes ☐No
Please provide details (i.e. church, club membership etc.) Enter details here	
What follow up procedures will be arranged by the referring agency? Enter details here	
Who will be responsible for this?	Enter details here
Is the applicant agreeable to such arrangements?	☐Yes ☐No
Are there any further comments you would like to make about the applicant? Enter details here	

Referred by	
Name	Enter details here
Position	Enter details here
Agency	Enter details here
Phone	Enter details here
Address	Enter details here
Email	Enter details here
How long has the referrer known the applicant?	Enter details here

Referred by	
Date	
Signature	

When completed, please print the form, date and sign, then scan to casa.venegas@sjog.org.au