Referral: Home and Healthy

## Participant Details

|  |  |  |  |
| --- | --- | --- | --- |
| ****Name**** |  | | |
| ****Address**** |  | | |
| ****Referral Date**** |  | Phone |  |
| ****Date of Birth**** |  | Email |  |
| ****Gender**** | Male  Female  Intersex  Non-binary  Other Click or tap here to enter text. | | |
| ****Do you identify with any of the following?**** | Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Neither Aboriginal nor Torres Strait Islander  Not stated/unknown | | |
|  | Culturally or Linguistically Diverse  Country of Birth: | | |
|  | Is an interpreter required?  If yes, what language? | | |

## Referrer Details

All details must be completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of Referral |  | | | |
| Name |  | | | |
| Organisation |  | | | |
| Relationship | Will relationship continue after referral?  Yes  No | | | |
| Phone |  | Email |  | |
| Is the person aware of the referral to the Home and Healthy Team | | | | Yes  No |
| Do they consent to being contacted by Home and Healthy Team? | | | | Yes  No |

## Eligibility

|  |  |
| --- | --- |
| Are you aged 16+ and experience mental health symptoms that impact on your wellbeing and stop you doing things you want or need to do? | Yes  No |
| Are you homeless, or having problems with your current accommodation? | Yes  No |
| Have you received a Breach or Eviction Notice or is that likely? | Yes  No |
| Do you need support to connect with other services? | Yes  No |

### Support

Please complete for participants who receive support through the National Disability Insurance Scheme OR similar psychosocial supports through a state or territory program are not eligible for the Commonwealth Psychosocial Support Program

|  |  |
| --- | --- |
| Do you currently receive support through the NDIS? | Yes  No |
| Have you applied for NDIS and/or are you awaiting a decision? | Yes  No |
| Do you receive other community-based mental health support? | Yes  No  If yes, please give details: |

## Mental Health and Wellbeing

|  |  |
| --- | --- |
| Have you ever been given a mental health diagnosis (even if you don’t agree)? | Yes  No  If yes, please give details: |
| Does someone currently support you to manage your mental health (ie GP, Psychiatrist)? | Yes  No  If yes, please give details: |
| Do you have a case manager through Queensland Health’s mental health service? | Yes  No  If yes, please give details: |

## Support Needs

|  |
| --- |
| What assistance would you like from the *Home & Healthy Team*?  If yes, please give details: |
| Do you have a disability or physical health concerns?  Yes  No  If yes, please give details: |
| Are there any safety concerns or other issues we should be aware of?  If yes, please give details: |
| Is there any other information you would like to provide?  If yes, please give details: |

|  |  |
| --- | --- |
| **Please send completed referral to:** | |
| Brisbane South Region or Redlands | [homeandhealthy@micahprojects.org.au](mailto:homeandhealthy@micahprojects.org.au) Ph: 3029 7000 | Fax: 3029 7029 |
| Logan Region or Beaudesert | [HomeAndHealthy@yfs.org.au](mailto:HomeAndHealthy@yfs.org.au) Ph: 3826 1500 | Fax: 3808 9416 |
| Indigenous Support – all regions | [outreach@iuih.org.au](mailto:outreach@iuih.org.au) P: 3828 3600 | F: 3252 9851 |