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 DiverseCountry 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 [ ]  NoIf 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.auPh: 3029 7000 | Fax: 3029 7029 |
| Logan Region or Beaudesert | HomeAndHealthy@yfs.org.auPh: 3826 1500 | Fax: 3808 9416 |
| Indigenous Support – all regions | outreach@iuih.org.auP: 3828 3600 | F: 3252 9851 |