

ARC REFERRAL FORM

The Aftercare Resource Centre (ARC) is a case work program of Relationships Australia (NSW). The ARC is funded by the Department of Communities and Justice to provide complex case work support, information, advocacy and referral to young people aged 16-25 years who have left the Parental Responsibility of the Minister for Community Services and are making their transition into independent living.

Date of referral:

/ /

Name of person making this referral:

Relationship to young person being referred:

OOHC Organisation / CSC:

Length of contact with young person:

Contact phone number:

Fax number:

Email address:

Please Note:

For this referral to progress, a copy of the young person's Final Care Order and a finalised and endorsed Leaving Care Plan for them **must be attached**.

Have you attached a copy of the **Final Care Order**?

Yes

No

Have you attached a copy of the **endorsed LCP and Financial Summary**?

Yes

No

If No, please explain why the LCP is unavailable:

Has the young person exited the Parental Responsibility of the Minister for Communities and Justice (OOHC)?

Yes

No

If no, what date will they exit care?

/ /

Client Details:

Full name:

AKA:

Date of birth:

/ /

Age:

Gender

Male

Female

Other

Phone number:

Mobile number:

Other number:

Email:

Residential address:

Postal (if different):

OOHC History:

Child Story Person Number:

Last DCJ Office:

Which OOHC NGO provided Case Management?

Name and contact details for your most recent OOHC Caseworker?

Does the Final Care Order state you are/were the Parental Responsibility of the Minister for Community Services until 18 years of age?

Yes

No

Is a Leaving Care Planning meeting scheduled?

Yes

No

Date of meeting:

/ /

Is there a fully endorsed Leaving Care Plan for you?

Yes

No

Please explain why you are referring to the ARC for aftercare support? Please list the reasons why you are unable to obtain aftercare support from a previous OOHC provider or Case Worker?

Identity:

Country of birth:

Are you of Aboriginal or Torres Strait Islander origin?

Aboriginal

Torres Strait

Both

Neither

What is your Cultural Identity / Ancestry:

Main language spoken at home:

Is an interpreter required?

Yes - dialect?

No

If not born in Australia, with which migration visa category did you enter Australia?

Family

Humanitarian

Skilled

Other

Date of arrival in Australia?

/ /

Do you have children of your own?

Yes

No

Pregnant

weeks

If yes,

Child 1: DOB: / /

Child 2: DOB: / /

Child 3: DOB: / /

Are your children currently in your care?

If no, who is caring for the children?

Yes

No

Accommodation:

What is your current housing situation?

Independent
Living

Transitional
Housing

Supported
Accommodation

Foster
placement

Residential care

Temporary
Accommodation

Homeless

"at risk" of
homelessness

Do you pay rent?

If Yes, how much do you pay?

Yes

No

Length of time at your current address?

How long can you stay there?

Is assistance with Housing required?

Are you on the DCJ Housing waiting list?

Yes

No

Yes

No

What is your capacity to live independently?

No support required

Require some support

Require a lot of support

Comments:

Income / Employment:

What is your main source of income?

Employee salary / wages

Centrelink benefits - CRN#

No income

What is your gross average weekly income?

Have you ever had a job?

Yes

No

Details:

Current employment status:

Employed – (circle) Part-time /
Full time / Casual

Unemployed and looking
for work

Unemployed, not looking

Job Active Provider details:

Do you have outstanding bills or debts to pay?

Yes

No

If Yes, details?

Have you ever had a Work Development Order?

Yes

No

If Yes, details?

Education:

What is your highest level of education?

Primary school

High School – Year 7

High School – Year 8

High School – Year 9

High School – Year 10

High School – Year 11

High School – Year 12

University Degree

TAFE Certificate or Diploma

Courses completed:

Are you currently enrolled in education?

Yes

No

Name of Current Course of Study:

Have you ever been expelled or suspended from school?

Yes

No

If yes, details:

Health:

Date of last medical check:

/ /

Date of last dental check:

/ /

Date of last eyesight check:

/ /

Have you ever been diagnosed with a Mental Illness?

Yes

No

If yes, diagnosis:

Name of any prescribed medication/s and dosage:

Name of prescribing doctor:

Have you ever been hospitalised?

Yes

No

If yes, date of last hospitalisation:

/ /

Reason:

Name of hospital:

Have you ever had counselling? Yes No

Name and contact details of Counsellor / Mental Health Professional:

Do you have a disability? Yes No

If yes,

Intellectual

Learning

Psychiatric

Physical

Other, please specify / describe?

What disability support is received?

NDIS

Disability Agency

Other

None

Names and contact details of any other professionals involved?

Safety:

Have you ever been involved in a violent incident? Yes No

Details:

Do you have a history of violent behaviour? Yes No

If yes, details:

Have you ever self-harmed or tried to end your life? Yes No

If yes, how often?

What was the date of the last incident?

/ /

Do you use alcohol and/or other drugs? Yes No

If yes, type / frequency:

Legal:

Are there any current or pending AVOs involving you? Yes No

Details:

Have you ever been arrested? Yes No
If yes, what was the date and type of offence?

Did the offence result in incarceration? Is Juvenile Justice or Probation and Parole involved?
Yes - Length: No Yes No

Details:

Current Situation / How do you think we can help?

Your Data, Your Choice:

Information collected on this form will be securely stored on our data base and used to maintain contact with you.

De-identified data may be provided to our funders for the purposes of reporting and social research.

Please have the young person being referred to ARC sign below to acknowledge they have read and understood the above information.

Full Name of Care-leaver:

Signature of Care-leaver:

Date:

/ /

Does the care-leaver consent to being contacted by RA(NSW) at a later date to participate in follow-up evaluation and/or research? Yes No

Please send your completed referral form to us via email at arc@ransw.org.au. If you have further questions, please don't hesitate to contact us on **1800 656 884**.

Thank you for your referral.