WIDE BAY ADVOCACY

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REFERRAL TO WIDE BAY ADVOCACY INC

DATE:	Referred By: ❑ Self ❑ Referring Party

CLIENT DETAILS		
Client Name:		
Address:		
City:	**State:**	**Postcode:**
DOB:	**Age:**	**Male ❑ Female ❑**
Phone:		
Email address:		
REFERRING PARTY DETAILS		
Name / Organisation:		
Relationship to the Person:		
Phone Number:		
Email Address:		
Does the person know and consent to you making this referral?		

ELIGIBILITY

Please tick the applicable boxes.
To receive individual advocacy the person must meet Wide Bay Advocacy's eligibility criteria and:
❑ have a disability
❑ be from a culturally and linguistically diverse (CALD) background
❑ be homeless or at risk of homelessness
❑ be vulnerable with fundamental needs that are not being met
❑ live within the Wide Bay region to receive face-to-face advocacy OR
❑ reside in the State of Queensland to receive phone advocacy or support to connect with their local advocacy agency
Acceptance of this referral will also depend on whether Wide Bay Advocacy has the resources available and the capacity to allocate a worker to assist the person

Does the person have a disability?

❑ Yes ❑ No

If Yes:

❑ intellectual ❑ Asperger's

❑ psychiatric ❑ Austism

❑ cognitive ❑ physical impairment

❑ neurological ❑ Cerebral Palsy

❑ sensory ❑ ABI

❑ Other **/** Please specify_____

❑ Mental Health

Diagnosis:_____

Is the client under 18yrs old? Yes ❑ No ❑

Parent/Guardian/Support Person Contact Name:_____

Phone Number: Home/Office: _____MOB: _____

NDIS Number:

CRN Number:

Does the client have a regular Doctor? Yes❑ No ❑

if yes contact details for GP:

Doctor Name: _____Practice: _____

Phone Number:_____

Is there a Public Guardian/EPA/ Family Member appointed as a decision maker? Yes ❑ No ❑

if yes contact details for authority to act:

Name:_____ Phone Number:_____

Is there a Public Trustee appointed? Yes ❑ No ❑

if yes contact details for authority to act:

Name:_____ Phone Number:_____

Income

❑ DSP ❑ Working

❑ New Start ❑ Other / Please specify _____

Is the client at risk of harm, Neglect, Abuse or Exploitation? Yes ❑ No ❑

Are there any involuntary treatment orders? Yes ❑ No ❑

If Yes, Case Worker Details:

Name: _____Phone Number: _____

Are there any forensic Orders? Yes ❑ No ❑

If Yes, Case Worker Details:

Name: _____Phone Number: _____

<u>Cultural Background</u>

❑ Aboriginal ❑ Non- English Speaking

❑ South Sea Islander ❑ N/A

❑ Torres Strait Islander

Is an interpreter required? Yes❑ No ❑ if yes what language: __

Immediate Risk

❑ Victim ❑ Perpetrator
❑ Incarceration
❑ Court Appearance:
❑ QCAT
❑ Civil
❑ Criminal
❑ Child Protection
❑ Family
❑ Mental Health Tribunal
❑ Mediation
❑ Hospital Admission:
❑ Acute Care
❑ Emergency Department
❑ General Admission

❑ Homelessness
❑ Removal of Children
❑ Abuse by family / service provider
❑ Loss of Service Prevision
❑ Financial
❑ Tenancy
❑ Employment
❑ Assault
❑ Domestic Violence
❑ Other
Details:_____

Accommodation

❑ Independent Living
❑ Own Home
❑ Living with Family
❑ Department of Housing
❑ Group Home
❑ Short Term Accommodation
❑ Other
Details: _____

Do you need in home support?
❑ Yes
❑ No
Service Provider:_____

Communication

❑ Verbal
❑ Non-Verbal
❑ Communication Device
❑ Cannot read or has difficulty
❑ Cannot write of has difficulty
❑ Non-English

❑ Sign language
❑ Makaton
❑ Auslan
❑ Other
Details: _____
❑ Other **/** Please specify below
Details: _____

What Supports do you receive

❑ In-home support
❑ Community Access and Inclusion
❑ Parenting Support
❑ Counselling
❑ DVRS

❑ Lawyer
❑ Respite
❑ Financial Counselling
❑ Other **/** Please specify below
Details: _____

Transportation

❑ Private Car – Family ect.
❑ Friends Transport
❑ Bus
❑ Taxi

❑ HACC Services
❑ Community Visitor
❑ Other **/** Please specify below
Details:_____

Other Information

Do you hold a driver's license? Yes❑ No ❑
Do you live independently? Yes❑ No ❑
Do you have family involvement? Yes❑ No ❑
What family involvement?_____

REASON FOR REFERRAL – Please be as detailed as possible

Office Use Only

- ❑ Accepted for Intake / / by _____Signature _____
- ❑ Accepted for Intake but placed on waiting list until / /
- ❑ Referred onto _____
- ❑ Not eligible for advocacy
- ❑ Is there another available service? Yes ❑ No ❑
- ❑ Do not have capacity at this time due to high demand
- ❑ Registered as Unmet Need