**Meraki Foundation – CSS / Youth Work Referral**

Please submit all completed referrals to us at support@merakifoundation.org.au

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| **Referee Details** |
| **Name:** |  |
| **Agency & Role:** |  |
| **Phone:** |  |
| **Email:** |  |

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| **Child/Young Person Details** |
| **Name:** |  | **DOB:** |  | **Age:** |  | **Gender:** |  |
| **Name:** |  | **DOB:** |  | **Age:** |  | **Gender:** |  |
| **Name:** |  | **DOB:** |  | **Age:** |  | **Gender:** |  |
| **Name:** |  | **DOB:** |  | **Age:** |  | **Gender:** |  |
| **Residential address:** |  |
| **Primary carers name:** |  | **Mobile:** |  |
| **Ethnicity:** |  |
| **Medication / Allergies/ Dietary Needs:** |  |
| **Behaviour concerns/risks:** |  |
| **Does the young person have a BSP or other supporting documents:** |  |
| **Mental health concerns:** |  |
| **AOD:** |  |
| **Criminal History:** |  |
| **Background / additional / sensitive information:** |
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| **Service Details** |
| **Required service:** | [ ]  Family Time Visit | [ ]  Mentoring | [ ]  Transport |
| [ ] Respite | [ ]  In-Home Support | [ ]  Coaching |
| **Staffing preference (gender, ratio etc):** |   |
| **Dates of service/s:** |  |
| **Times of service/s:** |  |
| **Pick up location:** |  |
| **Drop off location:** |  |

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| **Family Time Visit** |
| **Visit start time:** |  | **Visit end time:** |  |
| **Venue:** |  |
| **Wet weather venue (if any):** |  |
| **Approval to move locations:** |  |
| **Petty cash required (if any):** |  |
| **Level of supervision:** | [ ]  **Fully Supervised** – *all conversations and interactions to be closely monitored at all times including toileting* |
| [ ]  **Semi-Supervised** – *Not all conversations and interactions require full supervision*  |
| [ ]  **Unsupervised** – *Children are left unsupervised with parents once worker has assessed that there are no concerns* |
| **Further supervision instructions:** |  |
| **Behaviour risks / concerns etc:** |  |
| **Any other relevant information:** |  |
| **Approved Attendees:** |
| **Name** | **Relationship** | **Mobile** |
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|  |  |  |
| **Unapproved Attendees:** |
| **Name** | **Relationship** | **Mobile** |
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| **Mentoring** |
| **Number of sessions:** |  |
| **Activities budget (if any):**  |  |
| **Kilometres per session:** |  |
| **Additional information:** |  |
| **Mentoring Goals:** |
| **1** |  |
| **2** |  |
| **3** |  |

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| **In-Home Support** |
| **Address:**  |  |
| **Number of sessions:**  |  |
| **Activities budget (if any):** |  |
| **Kilometres per session (if any):** |  |
| **Additional information:** |  |
| **Adults within residence:** |
| **Name** | **Relationship** | **Mobile** |
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|  |  |  |
| **In-Home Support Goals:** |
| **1** |  |
| **2** |  |
| **3** |  |

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| **Respite** |
| **Number of sessions:**  |  |
| **Activities budget (if any):** |  |
| **Kilometres per session (if any):** |  |
| **Respite location:** | [ ]  Community[ ]  Residence:  |
| **Respite type:** | [ ]  Day Respite[ ]  Night Respite (sleepover)[ ]  Night Respite (active awake) |
| **Additional information:** |  |

If you require assistance completing this form or have any questions, feel free to contact our team!

**Ph:** (02) 4606 2420

**E:** support@merakifoundation.org.au

If you are deaf, or have a hearing or speech impairment, contact us through the **National Relay Service**: Visit [www.relayservice.gov.au](http://www.relayservice.gov.au) and ask for the phone number you wish to contact.