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

Please submit all completed referrals to us at [support@merakifoundation.org.au](mailto: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](mailto: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.