



## MIDJIBURI YOUTH RESOURCE CENTRE

### CASEWORK INTAKE & REFERRAL FORM

**Date of Referral:** \_\_\_\_\_

**MYRC Casework:** *MYRC Caseworkers use a strengths-based and person-centred approach when working with Young People to support them towards achieving their casework goals. Casework goals will be developed by the Young Person in collaboration with their Caseworker. The Young Person will be actively involved in working towards their goals, with the support of the Caseworker. Goal progress will be identified and reviewed with the Young Person during the casework support period.*

*MYRC Caseworkers will generally work with Young People for 3 months. If a Young Person needs additional casework support after 3 months this will be discussed between the Caseworker and Young Person and additional support may be provided. For Young People requiring extended or specialised support, MYRC will aim to refer them to services that fit their needs.*

<b>Full Name of Young Person:</b>	
<b>Preferred Name:</b>	
<b>Date of Birth:</b>	<b>Age:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer	
<b>Pronouns:</b>	
<b>Address:</b>  <input type="checkbox"/> No fixed address <b>If 'No Fixed Address', what is their current Living Situation?</b> (e.g., couch surfing / staying with a friend / unhoused / refuge):	
<b>Contact details of Young Person</b>	
<b>Mobile:</b>	<b>Home:</b>
<b>Email Address:</b>	

<b>Cultural Background:</b>	<b>Citizenship Status:</b>
<b>Aboriginal / Torres Strait Islander:</b> <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither	
<b>Language(s) spoken at home:</b>	<b>Country of birth:</b>
<b>Name(s) of Parent / Guardian / Carer:</b>	<b>Contact number(s):</b>
<b>Address of Parent / Guardian / Carer (if different to Young Person):</b>	
<b>Family Tree: Who is part of the Young Person's Family? E.g., do they have siblings, live with grandparents, live with a single parent, etc.?</b>	
<b>Name of Emergency Contact:</b>  <b>Relationship to Young Person:</b>	<b>Contact Number(s) of Emergency Contact:</b>
<b>Name of Person making the Referral:</b>  <b>Relationship to Young Person:</b>	<b>Referring Service (if applicable):</b>
<b>Referrer's Contact Number:</b>	<b>Referrer's Email:</b>

Referring Service's Address:	The Young Person is aware of the referral: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the Young Person attended / used MYRC services before?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not sure</p> <p>If yes, what did they do at MYRC?</p>	
Allergies (if known):	Special Dietary Needs:
Health Conditions / Disabilities:	
<p>Does the Young Person attend School or are they engaged in other Education?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not sure</p> <p>If yes, Name of School / Educational Provider:</p> <p>Year / Grade:</p> <p>Course Name (if applicable):</p>	
<p>Has there been DCJ involvement with this Young Person?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Not sure</p> <p>If yes, DCJ Office Location:</p> <p>DCJ Contact Person Name:</p> <p>DCJ Contact Person Number:</p>	
Other Supports / Services / Interventions Currently Involved (if any):	
Supports / Services / Interventions Previously Involved (if any):	

**Issues / Concerns identified by the Young Person and / or by others** (e.g., Service Provider, Health Professional, Educator, Family Member, etc.):

**Tick all relevant**

- |  |   |
|--|---|
| <input type="checkbox"/> Legal / Police / Court Matters  | <input type="checkbox"/> Financial Issues                     |
| <input type="checkbox"/> Bullying / Interpersonal Issues | <input type="checkbox"/> Drugs / Alcohol / Addictions         |
| <input type="checkbox"/> School / Education Issues       | <input type="checkbox"/> Mental Health & Wellbeing            |
| <input type="checkbox"/> Abuse (past or current)         | <input type="checkbox"/> Sexual Health / Relationships        |
| <input type="checkbox"/> Domestic & Family Violence      | <input type="checkbox"/> Sexuality / Gender Identity          |
| <input type="checkbox"/> Employment & Training           | <input type="checkbox"/> Recreation & Community Participation |
| <input type="checkbox"/> Family Conflict                 | <input type="checkbox"/> Life Skills                          |
| <input type="checkbox"/> Loss / Grief                    |   |
| <input type="checkbox"/> Other (please specify):         |   |

**What are the desired goals and outcomes of referring the Young Person to an MYRC Caseworker?** (e.g., Young Person will reduce debt through a WDO; Young Person will have support person when they attend court; Young Person will enrol in a TAFE course, etc.)

**Additional Information** (not yet provided):