Graphical user interface, text

Description automatically generated with medium confidence

**Referral Form**

**Please refer to Eligibility Criteria and complete Questions 1 to 6 before completing referral form. Ensure referral form is completed in full before sending to** [**admin@mackayadvocacy.com.au**](mailto:admin@mackayadvocacy.com.au)

ELIGIBILITY – Prospective clients being referred must have a permanent intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment and be experiencing, or be at risk of harm, neglect, abuse and/or exploitation.

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| **Q1. Is the person being referred identify as First Nations?**  ❑ No, go to Q2  ❑ Yes – Another option is to contact below cohort for assistance.  **Address Book outline**  Aboriginal & Torres strait Islander Disability Network of Qld  PHONE: 1800 718 969 / 1800 818 338 WEB: <https://atsidnq.com.au/> EMAIL: info@atsidnq.com.au |
| **Q2. Is the person being referred come from a Culturally and Linguistically Diverse background?**  ❑ No, go to Q3  ❑ Yes – Another option is to contact below cohort for assistance.  Address Book outline  Amparo Advocacy Inc.  PHONE: (07) 3354 4900 WEB: [https://www.amparo.org.au](https://www.amparo.org.au/) EMAIL: info@amparo.org.au |
| **Q3. Is the person you are referring under 18 years of age?**  ❑ No, go to Q4.  ❑ Yes – Another option is to contact below cohort;  **Address Book outline**  Queensland Advocacy Inc.  PHONE: 1300 130 582 WEB: <https://qai.org.au/> EMAIL: qai@qai.org.au |
| **Q4. Does the person you are referring require legal advice or representation?**  ❑ No, go to Q5.  ❑ Yes – please contact below Legal Services for assistance.  **Address Book outline**  Mackay Regional Community Legal Centre  PHONE: (07) 4953 1211 EMAIL: admin@mrclc.com.au  **Address Book outline**Legal Aid Queensland  PHONE: (07) 4936 5600 WEB: www.legalaid.qld.gov.au  *\*\*Mackay Advocacy are NOT lawyers, therefore cannot give legal advice or assist in legal matters.* |
| **Q5. Does the person you are referring require advice / advocacy on a tenancy situation?**  ❑ No, go to Q6  ❑ Yes – please contact below for assistance;  **Address Book outline**  QStars (Queensland Statewide Tenant Advice and Referral Service)  PHONE: 1300 744 263 WEB: https://qstars.org.au/ |
| **Q6. Does that person you are referring need assistance with a DSP application?**  ❑ No, please complete referral.  ❑ Yes – please contact the persons DES (Disability Employment Service) provider for assistance. OR contact  **Address Book outline**  Basic Rights Qld  PHONE: 1800 358 511 EMAIL: [brb@brb.org.au](mailto:brb@brb.org.au)  *\*\*Mackay Advocacy DO NOT assist with DSP applications.* |

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| **DATE: Referred By:** ❑ Self ❑ Third Party | | |
| **Name of person being referred:** | | |
| **Address:** | | |
| **City:** | **State:** | **Postcode:** |
| **DOB:** | **Age:** | **❑ Male ❑ Female ❑ Other** |
| **Phone: Email:** | | |
| Are there any risk / issues / barriers that our staff would need to be aware of prior to contact?  **❑ No ❑ Yes ……………………………………………………………………………………………………..** | | |
| **Cultural Background**  **❑** Aboriginal ❑ Torres Strait Islander ❑ South Sea Islander ❑ N/A  ❑Non-English Speaking Is an interpreter required? **❑ No ❑ Yes,** if yes what language:**\_*\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | |
| **Guardian Information**  Guardian/Support Person Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: Home/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **What is the persons Disability? *(as per Disability Services ACT 3.11)***  **❑** intellectual ❑ Asperger’s  ❑ psychiatric ❑ Austism  ❑ cognitive ❑ physical impairment  ❑ neurological **❑** Cerebral Palsy  **❑** sensory **❑** ABI  **❑** Other **/** Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Is the person at risk of harm, Neglect, Abuse or Exploitation? ❑ Yes ❑ No** | | |
| **Immediate Risk**  **❑** Abuse by family/service provider **❑** Loss of Service Provision **❑** Assault ❑ Domestic Violence ❑ Homelessness ❑ Incarceration **❑** Employment ❑ Hospital Admission ❑ Removal of Children  ❑ Financial  ❑ Court Appearance: ❑ QCAT ❑ Mental Health Tribunal **❑** Mediation **❑** Family  ❑ Other, Details :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Communication**  **❑** Verbal ❑ Non-Verbal ❑ Communication Device ❑ Other, Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Cannot read/has difficulty **❑** Cannot write/has difficulty  ❑ Sign language; ❑ Auslan ❑ Makaton | | |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Accommodation**  ❑ Independent Living ❑ Living with Family **❑** Department of Housing **❑** Group Home  ❑ Short Term Accommodation ❑ Other, Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **What Supports does the person receive?**  **❑** In-home support, provide by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Community Access and Inclusion, provide by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Respite, provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Parenting Support, provided by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **❑** Financial Counselling, provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Counselling, provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **❑** Other, Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Does the person have a regular Doctor? ❑ No ❑ Yes,** please complete contact details for GP  Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **NDIS Number:** | | |
| **CRN Number:** | | |
| **Other Information**  Hold a driver’s license? **❑ Yes ❑ No**  Have family involvement? **❑ Yes ❑ No**  Please provide details on what family involvement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **THIRD PARTY DETAILS** | | |
| **Name / Organisation:** | | |
| **Relationship to the Person:** | | |
| **Phone Number:** | | |
| **Email Address:** | | |
| **Does the person know and consent to you making this referral? ❑ Yes ❑ No** | | |

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| **RISK AND ALERTS - Security Questions to answered before home visit.**   1. Is there clear numbering on the house/unit? ❑ Yes ❑ No 2. Is there street parking? ❑ Yes ❑ No 3. Are there any animals in the house? ❑ Yes ❑ No Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Is there mobile phone coverage at your house? ❑ Yes ❑ No 5. Does anyone smoke at the property? ❑ Yes ❑ No 6. Are there any hazards that our Advocate would need to be aware of for their visit? ❑ Yes ❑ No   Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Are there any weapons or guns in the home? ❑ Yes ❑ No   Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **REASON FOR REFERRAL – Please be as detailed as possible as to what you would like advocacy for and what role / outcome you would like from your advocate.** |

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| **Office Use Only**  ❑ Details entered  ❑ Initial intake complted on / /  ❑ More Information Required  ❑ Accepted for Service  ❑ Refered to Another organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Provide general information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |