

Accommodation Services Referral Form

Location of referral: Devonport Burnie

Service: Crisis Accommodation Support Service (CASS)

Transitional Accommodation Support Service (TASS)

Referring Organisation Details:

Organisation			
Contact Name		Contact Number	
Email			
Address			

Client Details:

Name and/or Alias			
Current Address			
Contact Number			
Date of Birth and Age:		Culturally and Linguistically Diverse (CALD)	Yes / No
Gender		Aboriginal and/or Torres Strait Islander	Yes / No
Does the client have child/ren?	Yes / No	If yes, child/ren's name and ages.	

Reason for referral:

Further relevant information (i.e. family history, mental/physical health)

TASS Eligibility Criteria (for TASS Referrals only).

Is the client engaged in education? Yes No
If yes, where? _____

Is the client engaged with employment or employment services? Yes No
If yes, where? _____

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Consent

I, _____ (client) give consent for my current supporting organisation _____ to refer me to Youth Family and Community Connections (YFCC). I provide consent for both YFCC and referring organisation to provide/discuss relevant information for my support. I have been informed that this shared information will be kept confidential and will not be disclosed to any other service unless I give my consent to do so.

Name of Client _____

Signature of Client _____

Date Signed _____

Please return referral to: TASS: tass@yfcc.com.au CASS: cass@yfcc.com.au

YFCC Contact Information:

Devonport TASS	176 Williams Street, Devonport, TAS, 7310 03 6424 9520
Burnie TASS	4 Reid Street Burnie, TAS, 7320 03 6431 3083
Devonport CASS	176 Williams Street Devonport, TAS, 7310 03 6424 7375
Burnie CASS	41 Saundridge Road, Cooe TAS, 7320 03 6431 9230