Location of referral: Devonport 🗆 Burnie 🗆

**Which Service do you require:**

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: Age: |  | Culturally and Linguistically Diverse (CALD) | Yes / No |
| Gender |  | First Nations: (Aboriginal and/or Torres Strait Islander) | Yes / No |
| Does the client have child/ren? | Yes / No | If yes, child/ren’s name and ages. |  |
| Do you have a disability or other needs?  |  Yes / No |

***Reason for referral:***

***What is your current living situation:***

***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**?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Does the client receive an income either a Centrelink Payment or employment wages?* Yes 🗆 No 🗆

*If yes, type of income?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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 the selected Service:***

TASS: tass@yfcc.com.au

CASS: cass@yfcc.com.au

***YFCC Contact Information:***

|  |  |
| --- | --- |
| Devonport TASS | 176 Williams Street, Devonport, TAS, 731003 6424 9520 |
| Burnie TASS | 306-310 Mount Street Upper Burnie, TAS, 732003 6431 3083 |
| Devonport CASS | 176 Williams Street Devonport, TAS, 731003 6424 7375 |
| Burnie CASS | 306-310 Mount Street Upper Burnie, TAS, 732003 6431 9230 |