

External Services Referral Form:

Applicant's Details:

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Given name of Applicant:	-
Age:	D.O.B.:
Mobile Number:	Home Phone/Other:
Current Situation:	
* Is the applicant experiencing homeletc.) * Is the applicant at risk of homelessn	essness? (Staying in temporary accommodation, couch-surfing ness? (Tenancy at risk etc.)
Location Details:	
Suburb applicant is currently residing	÷
Cultural Identity:	
Do you identify as an ATSI (Aborigina	al and/or Torres Strait Islander): Yes 🗌 No 🗌
* Aboriginal	
* Torres Strait Islander	
* Both	
* CALD (Culturally and Linguistically I	Diverse)
Country of Birth:	Year of arrival:
Preferred Language:	
Is an interpreter required? Yes No	\supset



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Children's Details: Children's Names M/F **DOB** Living with whom Age **Current known risk factors:** Are there any long-term health condition or disabilities that restrict every-day activities, including applicant's child/children? Yes No 🗌 If yes, please provide details: * Is the applicant living with a diagnosed mental illness?: Yes \square No 🗌 If yes, please provide details:



External Services Referral Form:

Is the applicant escaping domestic viole	ence?	
Yes No No		
If yes, please provide details:		
Is the applicant experiencing drug and/o	or alcohol misuse?	
Yes No No		
If yes, please provide details:		
Assistance from other Services:		
Other services currently involved:		
Referral Service:	Contact Number:	
Worker:	Date:	
Signed:	Date:	
The client has provided informed cor	nsent to provide this information.	

Client consent obtained: Yes No No