

B.MILES REFERRAL FORM

POINTS TO CLARIFY:

Ensure referring client aware of type of service. Info pack to be sent.
 Women without dependant children.
 Medium-term (3-18 mths), low support (1 – 2 hrs per wk), accommodation.
 Need to be diagnosed with, and can provide evidence of, having a mental illness.
 Are either homeless or at risk of being.
 Need to be receiving regular clinical and therapeutic support, or are willing to do so.
 Applicant must have identified low-support need, and be willing to see support worker weekly.
 Applicant must be consenting to referral if not a self-referral.

CLIENT CONSENT:

For our organisation to provide non-identifying information to our funding body, we require consent from potential clients of our service. Whilst provision of any potential services is not dependent on you agreeing to this, we would like to let you know that by allowing us to use some of your information (which will not include your name or any other identifying details), you will be assisting us and our funding body to understand more about the needs of clients. This includes the type of services required and any improvements needed to ensure people in crisis situations receive appropriate support. As stated, this will not identify you in any way and will not be used for anything other than for statistical purposes.

SIGN: _____ DATE: _____

Date of inquiry: _____ Referral received by: _____

Name of Applicant: _____ DOB: _____ Age: _____

Contact Number(s): _____

Address: _____

Referrer Details (if not self): _____

Identify as ATSI or CALD? Yes No Please specify: _____

Is an interpreter required: Yes No Language: _____

Special needs/requirements: Yes No Please specify (ie. type of disability): _____

Diagnosis: _____

Clinical supports:-

Psychiatrist: _____ **How often:** _____ **Ph:** _____

Case Manager: _____ **How often:** _____ **Ph:** _____

GP: _____ **Ph:** _____

Psychologist/counsellor: _____ **Ph:** _____

Reason for applying for B.Miles: _____

To help us establish what type of service and support best suits your needs, we need to ask you some further questions.

INAPPROPRIATE ACCOMODATION: Please describe your current living situation.

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

VULNERABILITY: Would you describe yourself as being vulnerable in your current situation. (Are there risks related to applicants vulnerability in community i.e. high risk behaviours; unsafe surroundings)_____

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

MEDICATION: Are you currently taking medication? Can you tell me what it is? Are you able to manage this independently? In the past?

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

ADDICTION ISSUES: Are you in need of support regarding alcohol or other drugs? Gambling?

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

DOMESTIC VIOLENCE CONCERNS: Are you, or have you recently been, at risk from a partner.

Risks (as decided by intake person) Low Med High Extreme Unsure/more info

HARM TO SELF: Have you ever thought about harming yourself? Have you ever acted on this?

Risks (as decided by intake person) Low Med High Extreme Unsure/more info

SUICIDE RISK: Has this included thoughts of suicide? Have you ever acted on this?

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

HOSPITALISATION: Have you had to spend time in hospital? If so, where and for how long?

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

HARM TO OTHERS: Have you ever thought about harming others? And ever acted on this?

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

FORENSIC: Have you ever been involved with the legal or courts system? _____

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

CHILD PROTECTION: Do you have children? How is your relationship with them?

Risk (as decided by intake person) Low Med High Extreme Unsure/more info

Other relationships: Who are the significant people in your life at the moment? Do you currently have a partner? _____

Would you prefer to live alone or share? What kind of person would be your ideal housemate if you were to share? _____

HOUSING PREF: Alone Share Either **SMOKER:** Yes No Stopping

SOURCE OF INCOME: _____

DO YOU HAVE ASSETS IN EXCESS OF \$50,000? _____

DID YOU REFER TO OTHER AGENCIES: _____

PLEASE FAX TO 02 9317 4800 OR POST TO B.MILES, 345 Gardeners Rd, ROSEBERY 2018.