

## 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?

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**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.

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**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?

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**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?

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

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**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?

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

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**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?

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

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

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

**SOURCE OF INCOME:** \_\_\_\_\_

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

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**DID YOU REFER TO OTHER AGENCIES:** \_\_\_\_\_

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**PLEASE FAX TO 02 9665 0604 OR POST TO B.MILES, 15 HAVELOCK AVE, COOGEE 2034**