



LADDER ST VINCENT STREET REFERRAL FORM

(For Agencies)



Date of Referral: ___/___/___

SECTION 1 – YOUNG PERSONS DETAILS

Name of Young Person: _____ Date of Birth: ___/___/___ AGE: _____

Housing SA Client Number: _____ Male Female

Phone Number: _____

Current Address: _____
(If known) _____

Cultural Ethnicity: _____

Main Language Spoken: _____ Other Languages Spoken: _____

Has the young person previously been assessed by Housing SA to determine eligibility for Category 1, Category 2 or Direct Lease? YES NO

**If 'NO', Ladder SVS strongly encourages agencies to assist the young person's application for the above*

**If 'YES' was the application approved? YES NO*

If 'NO' Ladder SVS strongly encourages agencies to assist the young person's application for review for updating their details if their circumstances have changed

Is the young person currently attending an educational / training program: YES NO

If YES, Please Identify:

Name of Educational / Training Institution: _____

(ie: TAFE, UNISA, Hamilton High School)

Name of Course Currently Enrolled in: _____

(ie: Year 11)

If No, Please Identify:

Age when left school: _____ School year level achieved: _____

Does the young person referring have an interest in attending schooling, training or educational program:

YES NO

Is the Young Person currently employed: YES NO

If Yes, Please Identify the name of the Employer: _____



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SECTION 2 - REFERRER DETAILS

Name of Referrer: _____ Agency: _____

Agency Address: _____ Telephone number: _____

E-mail address _____ Fax number: _____

Length of time your agency has provided support to the referred young person: _____

Please provide a brief description of the type of support your agency has provided to the young person:

Has the young person been informed that this referral is being made: YES NO

Has the young person given consent to this referral being made: YES NO

SECTION 3 – SUPPORT AGENCIES

Are any other support services involved with the young person? YES NO

<p>Name Of Support Agency: _____</p> <p>Contact Person: _____</p> <p>Contact Number: _____</p> <p>Brief Description of Support Provided: _____ _____ _____</p>	<p>Name Of Support Agency: _____</p> <p>Contact Person: _____</p> <p>Contact Number: _____</p> <p>Brief Description of Support Provided: _____ _____ _____</p>
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ST. JOHN'S
YOUTH
SERVICES
INCORPORATED

SECTION 4 – YOUNG PERSONS DETAILS

Please briefly comment on each of the following:

Housing History / Current Needs:

Educational / Training / Employment History & Current Needs:

Independent Living Skills Strengths and Needs:

Current Health and Wellbeing:

Family & Social Relationships:

Identity (ie family connections, cultural ties, personal identity):

Young person's legal issues (past/present):

Young Persons Personal Strengths / Interests:



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SECTION 5 – FURTHER COMMENTS

Are there any further comments that you would like to add about the referring young person:

The information provided in the referral application is true and accurate and I consent to the information being shared between Housing SA Port Adelaide and Ladder St Vincent Street.

Signature of referrer: _____

Name of referrer: _____ Date: ____/____/____

Signature of young person being referred: _____ Date: ____/____/____
(where able)

ONCE COMPLETE, PLEASE FORWARD THIS REFERRAL FORM TO:

**LADDER SVS
PO BOX 3166
Port Adelaide
SA 5015**

FAX NUMBER: **8447 3584**