Upper Hunter Youth Services
Funded by: Department of Community Services • ABN 2300 5542 628
The Showground, 95 Maitland Street,
PO Box 628 Muswellbrook NSW 2333
P: 02 6543 4841 • **F:** 02 6542 5443
E: admin@uhys.org.au • **www.uhys.org.au**

Intake and Referral Form

CRITERIA FOR UHYS REFERRALS

All referrals must be completed with the knowledge and approval of the young person. Please complete the below referral with the young person, and provide as much information as possible, to assist us with assessing client eligibility.

COUNSELLING

- Aged between 10-18 years old
- Residing in the Muswellbrook Shire, Upper Hunter Shire or Singleton Shire.
- Mild or moderate mental health concerns requiring therapeutic intervention

CASE WORK

- Aged between 10-18 years old
- Residing in the Muswellbrook Shire
- Requiring assistance and referrals regarding the follow areas: homelessness, job seeking, family functioning, advocacy, education, knowledge and life skill building

UPPER HUNTER YOUTH SERVICES IS CURRENTLY NOT ACCEPTING REFERRALS FOR THE FOLLOWING CONCERNS

- Suicidal or Self harming; please refer to CAMHS (1800 011 511)
- Complex to Severe mental health concerns; please refer to Rural Young Minds (1800 270 738)
- Sexual assault/abuse; please refer to NSW health Sexual Assault services (6542 2725)
- Sexualized Behaviours; Please refer to NSW health Sexual Assault services (6542 2725)
- Parents under the age of 25 requiring counselling support; please refer to Muswellbrook Community Health (65422050)
- Clients wanting a diagnosis; please refer to pediatrician or psychologist
- 8-12 years old wanting psychological support; please refer to Little Sparks (4954 9333)

UPPER HUNTER youth SERVICES

Date:_____

Please email completed form to: intake@uhys.org.au

YOUTH & FAMILY SUPPORT WORKER ❑ COUNSELLING ❑

REFERRER DETAILS

Referring Organisation:	Contact No:
Referred By (Name):	
Who suggested you contact this Service?	Is the client still being supported? Yes ☐ No ☐

CLIENT DETAILS

Surname:		Given Names:	
DOB:		Male ❑ Female ❑	
Address:		Suburb:	
Home No:		Other contact number	
Cultural Background:	ATSI Yes ❑ No ❑	CALD Yes ❑	No ❑
Medicare number:			

PERSON TO CONTACT REGARDING REFERRAL

Contact Persons Name:	
Relationship to Client:	Carer: Yes ❑ No ❑
Mobile No:	Work No:

EMERGENCY CONTACT DETAILS

Emergency Contact Persons Name:	
Relationship to Client:	
Mobile No:	Work No:

PARENTAL STATUS

Divorced ❑ /Separated ❑ Married ❑ Defacto ❑ Single ❑

Mother's Name:		Father's Name:	
Mother's Partner:		Father's Partner:	
Siblings	Name:	Gender:	Age:
	Name:	Gender:	Age:

	Name:	Gender:	Age:
	Name:	Gender:	Age:

OTHER SERVICES INVOLVED

Other Services Involved:	Contact person	Phone

LIVING ARRANGEMENTS

At home ❑ Carers ❑ Homeless ❑ Independent ❑

Brief outline of issue/s

Family relationships (relationship with mother, father, siblings, extended family, social support)

Health/ Mental Health Issues/Medication (any physical or mental health issues, learning difficulties, diagnoses, treatment, medications)

Smoking/Alcohol and Other Drugs issues (if applicable; type, quantity, frequency of use, impact on young person)

Education (what was the last completed year, repeated years, if any, overall test results, likes and dislikes, attendance, please estimate percentage; literacy and numeracy issues, suspensions and detentions, if any)

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Employment/Training/Work experience (if applicable; include previous employment, duration, other skills or volunteer work, place of work, number of hours/week, impact on young person)

Financial issues (if applicable, including current income, supported by parent or guardian, Centrelink status, state of finances, need for financial/debt counselling, etc.)

Peer relations (best friend, relations with peers at school, relations with peers in neighborhood, activities with friends, concerns, i.e. teasing, fighting, bullying)

Interests (hobbies, sports, organizations, spare time activities)

Goals of the client (what does the young person want to achieve by being involved with service/ attending counselling)

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