PROGRAM ELIGIBILITY CRITERIA *\* MANDATORY FIELD*

***RYMH is a voluntary service. This form must be completed with the Young Person. To be eligible for this program the Young Person needs to be able to tick all these boxes ☺***

[ ]  You are aged between 12-25 years

[ ]  You live within the service area (Parkes, Forbes, Condobolin, Cowra, Coonabarabran, Coonamble, Walgett, Gilgandra, Cobar, Nyngan, Narromine)

[ ]  You want to improve your wellbeing and mental health

[ ]  You give consent for the referral ***OR*** [ ]  You are a parent/guardian and give consent if the Young Person is under 15 years\*

1. INFORMATION ABOUT YOU \*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Address:**  |   |
| **Phone:**  |   | **Email:**  |   | **Gender:**  |   |
| **Date of Birth:** |   | **Country of Birth:** |   | **Are you an Aboriginal or Torres Strait Islander person?** |   |
| **Main language spoken at home** |  | **Do you need help with hearing, reading and writing?**  |   |

***Caregiver information is required for young people who give consent for their parent or guardian to be contacted or for young people under 15 years\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Caregiver’s Name:**  |   | **Address:**  |   |
| **Phone:**  |   | **Email:**  |   | **Relationship to Young Person:**  | Choose an item |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact\**(Required if different from above)*:  |   | Address: |   |
| Phone:  |   | Email:  |   | Relationship to Young Person:  | Choose an item |

\*If under 15 years and able to meet Gillick competency, parental consent is not required

1. REFERRAL INFORMATION \*

|  |
| --- |
| **REASON FOR REFERRAL (***what are the challenges you are experiencing and what would you like help with)* **\*** |
|   |
| **Are you concerned about your safety?***eg. Are you experiencing suicidal thoughts or concerned about being harmed?* | Select | **If yes please provide details:** |   |

1. ADDITIONAL INFORMATION

|  |
| --- |
| **Can you tell us a bit about your history? (health, family history, living arrangements, what you enjoy doing, what has changed? Etc.)** |
|   |
| **Ae you worried about any of the following?**  | Not Applicable  |[ ]  Deliberate self-harm |[ ]  Substance use/misuse |[ ]    |
|  | Unknown |[ ]  Risk of absconding |[ ]  Other (please specify) |[ ]   |
|  | Child Protection |[ ]  Suicidal ideation |[ ]  **Space to write comments:** |  |
|  | Domestic Violence | [ ]  | Threat of harm to others |[ ]   |  |
| **What is going well at the moment?**  | Close friend/ carer/mentor |[ ]  School |[ ]  Sport |[ ]    |
|  | Family |[ ]  Study |[ ]  Other (please specify) |[ ]   |
|  | Boyfriend/Girlfriend |[ ]  Home |[ ]  **Space to write comments:** |  |
|  | Music |[ ]  Creative |[ ]   |  |

|  |
| --- |
| **Who are the important people and supports in your life?**  |
|   |
| **Is there anything else you’d like us to know?** |
|   |

1. ADDITIONAL INFORMATION FOR REFFERAL FROM SERVICE PROVIDER \*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of referrer:** |   | **Relationship to Young Person:**  | Choose an item |  |
| **Phone:**  |   | **Email:**  |   |

1. ADDITIONAL INFORMATION PROVIDED BY SERVICE PROVIDER

|  |
| --- |
| **Suicide/Self Harm Risk Assessment** *(Past suicide attempt(s)? If yes, when? Past Self Harm behaviours? If yes, what? Is there current suicidal intent? Is there a Safety Plan in place? If yes, please attach a copy. Are there other risk factors that increase the risk e.g. substances, homelessness, history of abuse?* |
|   |
| **Current or previous court orders** *(e.g.: Children’s Court, Apprehended Violence Orders, Probation and Parole, Juvenile Justice, Family Court. Risk of Harm from Others - Please advise from whom and any current strategies or legal requirements to keep the young person safe)* |
|   |
| **Are there known worker safety issues? Eg. Violence towards staff** *(What are they, how have they been managed by the referrer?)* |
|   |
| **Other additional information** *(e.g.: informed consent, any previous safety and risk assessments, literacy and numeracy, cultural considerations, Ability to speak English)?* |
|   |

**INTERNAL USE ONLY**

1. REFERRAL OUTCOME\*

| **Date:** |   | [ ]  Eligible for Service | [ ]  Ineligible for Service |
| --- | --- | --- | --- |
| [ ]  Accepted | [ ]  Waitlisted | [ ]  Declined | **Reason:** |   |

| **Stepped care service type:** |   | **Allocated to:** |   |
| --- | --- | --- | --- |
| **Date referrer informed of outcome:** |   |  |
| **Referral and follow up actions:** |   |

| **Name:** |   |
| --- | --- |