

# The Bridge Youth Service referral form

Programs offered in Goulburn and Lower Hume catchment areas (Greater Shepparton, Moira, Mitchell, Murrindindi, Strathbogie Shires) unless otherwise noted

## The Bridge Youth Service: Program Information

Family Relationships	Pregnancy, Parenting & Family Services
<p><u>Adolescent Support Program: 12 – 17 years</u></p> <ul style="list-style-type: none"> <li>• Current/Previous Child Protection involvement</li> <li>• At immediate risk of harm</li> <li>• Support to improve young person’s wellbeing</li> <li>• Support to improve young person’s home environment and family relationships</li> </ul> <p><u>Finding Solutions: 12 – 17 years (Child Protection Intake ONLY)</u></p> <ul style="list-style-type: none"> <li>• Child Protection/Child FIRST intervention not warranted but support required to prevent involvement</li> </ul> <p><u>Family Reconciliation: 15 – 25 years</u></p> <ul style="list-style-type: none"> <li>• Support to improve family relationships to prevent risk of homelessness</li> </ul> <p><u>Step Up program: 12 – 17 years (Greater Shepparton ONLY)</u></p> <ul style="list-style-type: none"> <li>• Therapeutic group work program for young people and their parent/carer to address family violence in the home or community, and work toward restoring healthy relationships</li> </ul>	<p><u>Pregnancy Testing &amp; Pregnancy Decisions Counselling: 12 – 25 years</u></p> <ul style="list-style-type: none"> <li>• Confidential pregnancy testing and options counselling</li> <li>• Referral and follow up support</li> </ul> <p><u>Antenatal program: 12 – 25 years (Greater Shepparton ONLY)</u></p> <ul style="list-style-type: none"> <li>• Weekly group work program for pregnant young women, providing information and support regarding pregnancy, birth and parenting</li> <li>• Clinical care provided by GV Health Midwifery</li> </ul> <p><u>Young Parents Group: 12 – 25 years (Greater Shepparton, Seymour &amp; Wallan)</u></p> <ul style="list-style-type: none"> <li>• Weekly group work program for parents and their children with a focus on the health and wellbeing of the children</li> <li>• Support to develop parenting skills for young parents</li> </ul> <p><u>Family Services: 12 – 25 years</u></p> <p>Please contact The Bridge Youth Service prior to sending referral</p> <ul style="list-style-type: none"> <li>• Individual support to families to promote healthy development, safety and wellbeing for their child/children.</li> </ul> <p><u>200 Hours: 12 – 25 years (Child Protections Referrals ONLY)</u></p> <p>Please contact The Bridge Youth Service prior to sending referral</p> <ul style="list-style-type: none"> <li>• Intensive Family Services response is for families whose children are subject to Family Preservation or Family Reunification Orders</li> </ul> <p><u>Family Preservation and Reunification: 12 – 25 years (Child Protections Referrals ONLY)</u></p> <ul style="list-style-type: none"> <li>• Intensive Family Services response is for families where children are subject to Family Preservation or Reunification order</li> </ul>
<h3>Housing Support</h3> <p><u>Sustaining Tenancies at Risk (STAR): Under 25 years</u></p> <ul style="list-style-type: none"> <li>• Young person’s tenancy is at risk</li> <li>• Assisting with maintaining tenancies and barriers that may affect their tenancy</li> </ul> <p><u>Transitional Youth Support: 15 – 25 years</u></p> <ul style="list-style-type: none"> <li>• Experiencing homelessness or at risk of becoming homeless</li> <li>• Support to obtain or maintain safe, secure and affordable housing</li> </ul> <p><u>Supporting Young Parents: 15 – 25 years (Greater Shepparton ONLY)</u></p> <ul style="list-style-type: none"> <li>• Pregnant or Parenting</li> <li>• Experiencing homelessness or at risk of becoming homeless</li> <li>• History of homelessness or transience</li> <li>• Support to obtain or maintain safe, secure and affordable housing</li> </ul>	<h3>Early Intervention</h3>
<h3>School &amp; Education Support</h3> <p><u>Navigator Program: 12– 17 years</u></p> <ul style="list-style-type: none"> <li>• At risk of disengaging from school or disengaged from school</li> <li>• Have attended less than 30% of the last term or 13 weeks</li> <li>• Referrals are made through online referral form</li> <li>• Please read the instructions on the website carefully to ensure your referral is accepted.</li> </ul> <p><a href="https://www2.education.vic.gov.au/pal/navigator-program/policy">https://www2.education.vic.gov.au/pal/navigator-program/policy</a></p>	<p><u>Early Intervention Support Program: 12 – 25 years (Mitchell and Murrindindi Shire) – Consultation required prior to referral</u></p> <ul style="list-style-type: none"> <li>• Young person is experiencing distress as a result of poor mental health or substance misuse issues</li> <li>• Young person is not being supported by another AOD or MH program in an active manner (not on waitlist) unless access is an issue/barrier</li> </ul> <p><u>U-Krew Program: 12 – 17 years (Wallan ONLY)</u></p> <ul style="list-style-type: none"> <li>• Weekly after school program</li> <li>• Young person is engaged in, or at risk of engaging in, criminal and/or anti-social behaviours</li> </ul>

# The Bridge Youth Service – Referral Form

Date of Referral:

Referrer Details:		
Worker Name:		
Organisation/Role:		
Worker contact details:	Phone:	Email:
Consent obtained:	Young person: Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 1: Young person's details		
Given Name		
Family Name		
Preferred Name (if different to above)		
Date of Birth	Age:	
Gender	Correct Pronoun/s:	
Contact number		
Is it safe to call you or leave a message on the contact number provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secondary Contact Number (If we are unable to get onto the young person)		
Residential Address		
Postal Address (if different to above)		
Is it safe to send a letter to the postal address?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, is there alternative option?
Is the young person of Aboriginal or Torres Strait Islander descent:	Aboriginal	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Torres Strait Islander	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of birth		
If not born in Australia	Date of Arrival	Visa type
Is an interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the preferred language?		

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<b>Is an Advocate/Support Person requested. If yes, please provide details</b>	Yes	No <input type="checkbox"/>
<b>Pregnant</b>	Yes	No
	<b>If Yes, Due Date &amp;/or Weeks:</b>	
	<b>Cultural identity of unborn:</b>	
<b>Parenting</b>	Yes	No
	<b>If Yes, please complete Section 2 below.</b>	

## Section 2: Relationships (Children, Family, Partner, Significant Persons, other services involved etc.)

Relationship to Young Person	Given Name and Surname	Contact Details	Date of Birth <i>(Children only)</i>	Culture <i>(Children only)</i>

## Section 3: Key Support Areas (please tick relevant)

- |                                   |                               |
|-----------------------------------|-------------------------------|
| Family Relationships              | Disengaged from Education     |
| Family Breakdown                  | Risk Taking Behaviours        |
| Unhealthy / Violent relationship  | Absconding                    |
| Anger Management                  | Criminal Concerns             |
| Child Protection Involvement      | Mental Health Concerns        |
| Homeless/ At Risk of Homelessness | Alcohol & Other Drug use      |
| Couchsurfing                      | Disability                    |
| Unsuitable Housing                | Health issues                 |
| Pregnant                          | Socialisation issues          |
| Parenting                         | Financial Stress/Difficulties |
| Communication                     | Other _____                   |

## Section 4: Reason for Referral

**Current Situation:** (Please summarise the situation and provide information on the risks and vulnerabilities identified).

**Desired Outcome of Support:**

**Additional Information:**

## Section 5: Worker Safety

Are there any concerns for Worker Safety?

Yes

No

If yes, please provide details:

## Where to send Referrals:

Please email completed Referral Document: [shepparton@thebridge.org.au](mailto:shepparton@thebridge.org.au)

**PRINT FORM**

**\*All referrals to be made - Attention to the Intake Worker**

If you would like to speak with an intake worker to discuss referral please call

Shepparton: 127 Welsford Street, Shepparton VIC 03 5831 2390

Wallan: 119 Wellington Street, Wallan VIC 03 5977 1298

Seymour: 54 Tallarook Street, Seymour VIC 03 5799 1298