

# The Bridge Youth Service – Referral Form

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

## The Bridge Youth Service - Program Information

### Family Relationships

#### Adolescent Support Program: 12 – 17 years

- Current/Previous Child Protection involvement
- At immediate risk of harm
- Support to improve young person's wellbeing
- Support to improve young person's home environment and family relationships

#### Finding Solutions: 12 – 17 years

(Child Protection Intake ONLY)

- Child Protection/Orange Door intervention not warranted but support required to prevent involvement

#### Family Reconciliation: 15 – 25 years

- Support to improve family relationships to prevent risk of homelessness

### Housing Support

#### Sustaining Tenancies at Risk (STAR): Under 25 years

- Young person's tenancy is at risk
- Assisting with maintaining tenancies and barriers that may affect their tenancy

#### Transitional Youth Support: 15 – 25 years

- Experiencing homelessness or at risk of becoming homeless
- Support to obtain or maintain safe, secure, and affordable housing

#### Supporting Young Parents: 15 – 25 years

(Greater Shepparton ONLY)

- Pregnant or Parenting
- Experiencing homelessness or at risk of becoming homeless
- History of homelessness or transience
- Support to obtain or maintain safe, secure, and affordable housing

### School and Education Support

#### Navigator Program: 12 – 17 years

- At risk of disengaging from school or disengaged from school
  - Have attended less than 30% of the last term or 13 weeks
  - Referrals are made through online referral form
- Please read the instructions on the website carefully to ensure your referral is accepted
- <https://www2.education.vic.gov.au/pal/navigator-program/policy>

### Pregnancy, Parenting, & Family Services

#### Pregnancy Testing & Pregnancy Decisions Counselling: 12 – 25 years

- Confidential pregnancy testing and options counselling
- Referral and follow up support

#### Antenatal program: 12 – 25 years

(Greater Shepparton ONLY)

- Weekly group work program for pregnant young women, providing information and support regarding pregnancy, birth, and parenting
- Clinical care provided by GV Health Midwifery

#### Young Parents Group: 12 -25 years

(Greater Shepparton, Wallan)

- Weekly group program for parents and their children
- Support to develop parenting skills for young parents

#### Family Services: 12 – 25 years

Please contact The Bridge Youth Service prior to sending referral

- Individual support to families to promote healthy development, safety, and wellbeing for their child/ children

#### 200 Hours: 12 – 25 years

(Child Protection Referrals ONLY)

Please contact The Bridge Youth Service prior to sending referral

- Intensive Family Services response is for families whose children are subject to Family Preservation or Family Reunification Orders

#### Family Preservation & Reunification: 12 – 25 years

(Child Protection Referrals ONLY)

- Intensive Family Services response is for families where children are subject to Family Preservation or Reunification order

### Early Intervention

#### Early Intervention Support Program:12 – 25 years

- (Mitchell & Murrindindi Shire, except for Wallan & Wandong)
- Consultation required with EIP Team Leader prior to referral.
- Young person is experiencing distress as a result of poor mental health or substance misuse
- 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

AOD support can be offered in Shepparton area where capacity allows

#### U-Krew Program: 12-17 years (Wallan ONLY)

- Weekly after school program, focusing on healthy lifestyles, engagement with community, emotional regulation, and mentoring.

# 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:	<table border="0"> <tr> <td>Aboriginal</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Torres Strait Islander</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>		Aboriginal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Torres Strait Islander	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
<b>Pregnant</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes, Due Date &amp;/or Weeks:</b> <b>Cultural identity of unborn:</b>
<b>Parenting</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <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 (Children only)	Culture (Children only)

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

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

# The Bridge Youth Service – Referral Form

## 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)

### \*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