

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 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	<i>Correct Pronoun/s:</i>	
Contact number		
Is it safe to call you or leave a message on the contact number provided?	Yes No	
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 No
	Torres Strait Islander	Yes No
Country of birth		
If not born in Australia	Date of Arrival	Visa type
Is an interpreter required?	Yes No	
If yes, what is the preferred language?		

The Bridge Youth Service – Referral Form

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

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)

<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 Mental
<input type="checkbox"/> Child Protection Involvement	<input type="checkbox"/> Health Concerns Alcohol &
<input type="checkbox"/> Homeless/ At Risk of	<input type="checkbox"/> Other Drug use Disability
<input type="checkbox"/> Homelessness Couchsurfing	<input type="checkbox"/> Health issues Socialisation
<input type="checkbox"/> Unsuitable Housing	<input type="checkbox"/> issues Financial Stress/
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Difficulties Other
<input type="checkbox"/> Parenting	<input type="checkbox"/>
<input type="checkbox"/> Communication	<input type="checkbox"/> _____

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

*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