

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>

Find My Future Program: 12 – 17 years

- Young Person who has an exemption from education and has a diagnosis/concerns of ADHD and/or Autism
- Seeking support to navigate their next steps with training and/or employment

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

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Date of Referral:

Referrer Details:								
Worker Name:								
Organisation/Role:								
Worker contact details:	Phone:	Email:						
Consent obtained:	Young person: Yes No	Parent/Guardian: Yes No						
Section 1: Young person's details								
Given Name								
Family Name								
Name Young Person would like to be called								
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 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 No 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</td> <td>No</td> </tr> <tr> <td>Torres Strait Islander</td> <td>Yes</td> <td>No</td> </tr> </table>		Aboriginal	Yes	No	Torres Strait Islander	Yes	No
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?								

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Is an Advocate/Support Person requested. If yes, please provide details	Yes	No
Pregnant	Yes	No
	If Yes, Due Date &/or Weeks:	
	Cultural identity of unborn:	
Parenting	Yes	No
	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 (Children only)	Culture (Children only)

Section 3: Key Support Areas (please tick relevant)

Family Relationships	Disengaged from Education
Family Breakdown	Risk Taking Behaviours
Unhealthy / Violent relationship	Missing from Care
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 _____

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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