

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 Family Services: 12 – 17 years

Support required to address family conflict, relationship breakdown or challenging behaviours that contribute to risk of harm.

*Consult with Intake Worker for referrals under 12 years old.

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 – 20 years

- Has concerns/diagnosis of neurodivergence, disability and/or mental health
- Under 17 years and has an exemption from education
- 17 years and over and has been formally exited from education
- No year 12 completion
- 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 <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							
Name Young Person would like to be called							
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 <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 style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Aboriginal</td> <td style="width: 20%;">Yes <input type="checkbox"/></td> <td style="width: 20%;">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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Is an Advocate/Support Person requested. If yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 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"/> Missing from Care
<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 _____

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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