The Bridge Youth + Family Services – Referral Form

CHILD AND FAMILY SERVICES

Antenatal Care and Education Program

12-25 years
(Greater Shepparton ONLY)
- Weekly group 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, Seymour)
- Weekly group program for parents and children
- Support with practical parenting skills
- Variety of activities, experiences, and opportunity

Family Foundations

Support for expecting parents or parenting teams to build stronger relationships, and parent together with confidence. Open to parents and caregivers of all ages with a child up to five years.

Family Services - Strengthening Families

Parents 12-25 years

REFERRAL PATHWAY: The Orange Door

Family Services - Restoring Families

12–25 years

REFERRAL PATHWAY: DFFH Child Protection only

Adolescent Family Services - Restoring Families

12–17 years

REFERRAL PATHWAY: DFFH Child Protection only

Changing The Story

Therapeutic program supporting adolescent males 12 to 18, who have experienced adverse childhood trauma

REFERRAL PATHWAY: Contact CTS Team Leader at The Bridge Youth + Family Services

YOUTH AND FAMILY SUPPORT

Family Reconciliation

15-25 years
- Support young people and their families to safely strengthen relationships, improve communication, resolve conflict, and prevent risk of homelessness

Transitional Youth Support

16-25 years
Be experiencing homelessness or at risk of becoming homeless such as:
- Couch surfing
- Living in unsafe or unstable accommodation
- Leaving the family home due to conflict or family violence
- At immediate risk of eviction or housing loss
- Requiring intensive support to establish or sustain independent living

Supporting Young Parents

16-25 years. pregnant or parenting Experiencing homelessness or at risk of becoming homeless as listed above in Transitional Youth Support

STAR Housing Program

Rent must be 55% or less of the household income. Be at risk of losing their tenancy due to issues such as:
- Rental arrears
- Tenancy breaches
- Financial hardship
- Conflict with landlords or property managers
- Other barriers affecting their ability to sustain their tenancy

Early Intervention Program

Aged 12-25 years
Residing in the Mitchell Shire (excluding Wallan and Wandong)
- Young person experiencing distress due to poor mental health or substance misuse
- Young person is not supported by another AOD or MH program

EDUCATION SUPPORT

Navigator Program

12-17 years

- At risk of disengaging from school or disengaged from school
- Have attended school less than 30% of the last term or 13 weeks
- Referrals are made via online referral form, which Department of Education receive, then later allocate to TBYFS – Link
- Read the instructions on the online referral form carefully to ensure your referral is accepted

Find My Future Program

12-20 years

- Has concerns/diagnosis of neurodivergence, disability and/or mental health
- May have other barriers to succeeding in their next steps
- 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
- Seeking support to sustain training and/or education due to barriers

Approved: August 2026 Review Due: July 2028

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Referrer Details:	Date of Referral:	
Workers Name:		
Organisation/Role:		
Worker contact details:	**Phone:**	**Email:**
Consent Obtained:	**Young Person:** Yes ☐ No ☐	**Parent/Guardian:** Yes ☐ No ☐

Section 1: Young Person's Details			
First and Last Name			
Name the young person would like to be called			
Date of Birth		**Age**	
Gender Identity		**Pronouns:** (e.g. he/him, she/her, they/them)	
Contact Phone Number			
Is it safe to call or leave a message on the contact number provided?	Yes ☐ No ☐		
Secondary Contact Number			
Residential Address			
Is the young person of Aboriginal or Torres Strait Islander descent?	Aboriginal ☐ Yes ☐ No Torres Strait Islander ☐ Yes ☐ No		
Country of Birth		Date of Arrival	
		Visa Type	
Is an Advocate/Support Person requested?	Yes ☐ No ☐ Who would they like to support them?		

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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
- ☐ Family Breakdown
- ☐ Unhealthy / Violent relationship
- ☐ Emotional Regulation
- ☐ Child Protection Involvement
- ☐ Homeless/ At Risk of Homelessness
- ☐ Couchsurfing
- ☐ Unsuitable Housing
- ☐ Pregnant
- ☐ Parenting
- ☐ Communication
- ☐ Disengaged from Education
- ☐ Risk Taking Behaviours
- ☐ Missing from Care
- ☐ Criminal Concerns
- ☐ Mental Health Concerns
- ☐ Alcohol & Other Drug use
- ☐ Disability
- ☐ Health issues
- ☐ Socialisation issues
- ☐ Financial Stress/Difficulties
- ☐ 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:	25 St Georges Road, Shepparton VIC	03 5831 2390
Wallan:	119 Wellington Street, Wallan VIC	03 5977 1298
Seymour:	54 Tallarook Street, Seymour VIC	03 5799 1298