

Date of Referral _____

Primary person being referred

Date of Birth _____ Male Female
 Given Names: _____ Family Name: _____
 Address: _____ Post code: _____
 Email Address: _____
 Phone: _____ Medicare Number _____
 Country of birth: _____ Ethnicity: _____
 Preferred language: _____ Interpreter required: Gender preference Male Female

Date of Arrival: _____ (Note: this project is for clients who have been in Australian less than 5 years)

Visa type: Citizen 200 (Refugee) 202 (humanitarian) 204 (women at risk) 100 (Spouse permanent)
 309 (Spouse-temp) SHEV Bridging Visa Other: _____

Support/Settlement Program (if applicable)

SRSS HSS SGP

Consent

Client has given consent to make this referral Client has given consent to be contacted directly by STTARS/ARA
 Client is under the age of 16 Parent/Guardian consent

Referrer Details

Referring Agency/ Organisation _____
 Contact Person _____ Role/ Relationship _____
 Email _____ Telephone/Mobile _____

Living Arrangements Lives Alone Lives with family Lives with others

No of People living in the Residence _____

Health information: (Tick all that apply)

Client linked with a GP/Practice GP speaks the client's preferred language

Client has a disability Client has diagnosed medical condition

Detail: _____

Current Medications: _____

Other Agency Involvement

| Agency/Program | Contact Person | Telephone/ Mobile | Email |
|----------------|----------------|-------------------|-------|
| | | | |
| | | | |
| | | | |

Family & Household Members

| Given Names | Surname | DOB / Age | Arrival Date | M / F | Relationship to Client | For Family Referral |
|-------------|---------|-----------|--------------|-------|------------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Other comments _____

FOR OFFICE USE ONLY

STTARS Client Identifier: ARA Client Identifier:

Triage undertaken by RHN: Yes / No Date Completed: _____

Outcome:

Assessment completed
 Further Assessment needed
 Support Plan Developed

Referred on to ARA/BBW Allocated BBW: _____