



Meraki Foundation

Referral Details			
Referring Office			
Case worker's name		Mob:	
Email			

Child/Young Person details							
Name		Age		DOB		Gender	
Name		Age		DOB		Gender	
Name		Age		DOB		Gender	
Name		Age		DOB		Gender	
Name		Age		DOB		Gender	
Residential address							
Primary carer's name					Mob:		
Medication / allergies / dietary needs							
Ethnicity							
Does the young person have a Behavioural Support Plan (BSP) or other supporting documents?							
Behaviour concerns/risks							
Mental health concerns							
AOD							
Criminal History							



Background / additional / sensitive information:	

Service details			
Required Service	Supervised Contact / Mentoring / Transport / Respite / In-Home Support / Alternative Care Arrangement		
Date of service		Times of service	
Pick up location			
Drop off location			

Supervised Contact	
Venue	
Approval to move locations?	
Behaviour risks/concerns etc	
Petty Cash Required (if any)	

Attendees:				
Name		Relationship		Mob
Name		Relationship		Mob
Name		Relationship		Mob
Name		Relationship		Mob

Not permitted to attend:	
Name:	Relationship



Name:		Relationship	
-------	--	--------------	--

Mentoring support goals:	
1.	
2.	
3.	
4.	