

## Meraki Foundation – CSS/Youth Work Referral



*Please email all referrals to [support@merakifoundation.org.au](mailto:support@merakifoundation.org.au)*

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 <i>Please highlight :</i>	<ul style="list-style-type: none"> <li>• Supervised Contact</li> <li>• Mentoring</li> <li>• Transport</li> <li>• Respite</li> <li>• In-Home Support</li> <li>• Alternative Care Arrangement</li> </ul>		
Date/s 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/In-Home support goals:	
1.	
2.	
3.	
4.	