

Futures Planning & Support

Futures Planning and Support Service REFERRAL FORM

CLIENT DETAILS

Name:	Address:
Alias:	Child Story Number:
Date of Birth:	Gender:
Phone/Mobile Number:	
Is the client aware of and consenting of this referral:	
Alternate Contact Person:	Phone Number:
Young Person identifies as Aboriginal and or Torres Strait Islander:	
Young Person's Land /Clan/Country: If other, please specify:	
Country of Birth:	
Language spoken at home:	
Culturally and linguistically diverse:	

TYPE OF REFERRAL

<input type="checkbox"/> Agency <input type="checkbox"/> Other: (please specify)			
Referring Agency:			
Referring person/s name and contact:		Referral Date:	
Does the Young Person have an approved After Care plan (including financial plan)? <i>*If the Young Person doesn't know if they have an After-Care Plan, the Futures Planning and Support Service can contact local DCJ</i>			
Date Young Person left or is leaving care:			



Futures Planning & Support

Email: admin@futureplanning.org.au
Covering our Footprint from Coffs Harbour to Gloucester

1800 4 FUTURE

Uniting

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ELIGIBILITY CRITERIA

****Please note if the Young Person is receiving assistance through Uniting's Premier's Youth Initiative (PYI) pilot they are NOT eligible for this pilot**

Is the Young Person aged between 17yrs and 24yrs i.e. must exit by 25th birthday?

Does the Young Person reside within the NSW, Mid North Coast?

Has the Young Person been in Statutory Care for a cumulative period of 12 months?

**If the Young Person cannot confirm if they were in the OOHC system for a cumulative period of 12 months the Futures Planning and Support Service can contact local DCJ staff to confirm duration*

Is the Young Person leaving or has left OOHC?

If you answered "yes" to ALL of the above – please continue completing referral

Do you have any immediate safety concerns we should be aware of?

If yes, please describe

CHECKLIST

Please attach the following and forward with referral form to Natalie@futureplanning.org.au

Should you wish to speak about the referral before sending please call 1800 4 FUTURE

Have you attached the....	X
Approved After Care Plan	
Approved Financial Plan	
Referral form	

Completed by: _____ Date: _____



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