# Youth Alcohol and Other Drug Residential- Support Agency Referral Form

Uniting AOD Youth Services has an intake process to ensure the safety and success of clients within our services. Once we receive all relevant details from the referring agency, the referral will be reviewed during clinical review for consideration. Please email the referral form along with all relevant documents to **youthaodintake@vt.uniting.org**.

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| **Consumer Details** |
| Consumer name:  |  |
| Date of Birth: |  |
| Contact number: |  |
| **UR number (Office Use Only):**  |  |

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| **Referring Agency Details** |
| Support agency: |  |
| Support worker name & role: |  |
| Email:  |  |
| Phone:  |  |

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| **Please select the relevant program this referral is for:** [ ]  Williams House Youth AOD Residential Withdrawal (Coburg)[ ]  Tabor House Youth AOD Residential Withdrawal (Ballarat)[ ]  Gippsland Youth AOD Residential Withdrawal (Traralgon)[ ]  Gippsland Youth AOD Residential Rehabilitation (Traralgon) |

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| **Uniting is a Child Safe organisation that adheres to National and Victorian Child Safety Standards. All children and young people have a right to feel safe and be safe. We are committed to providing environments where children and young people are respected, nurtured, and cared for. For this reason, before we present the client at clinical review, we require the following:** [ ]  Comprehensive AOD assessment (Conducted within the last 3 months) [ ]  Victorian AOD Intake tool[ ]  Self-Completion Form[ ]  Discharge and treatment summaries from previous AOD (e.g., withdrawal, rehabilitations), mental health (e.g., psychiatric stays) and/or hospital (e.g., overdose) inpatient admissions within the last 2 years.[ ]  Medication summary report from prescribing doctor. [ ]  Current copies of current Family or Personal violence Intervention orders, breaches to current orders, list of current charges and prior convictions, court hearing dates and results of current CISS/FVISS reports (listing the client as a respondent or affected family member). [ ]  Client has consented for their information to be shared with and to be contacted by Uniting about this referral**\***. **\*Please note**- Our intake team will need to have made successful contact with the client before the referral can be presented at clinical review.**If you having any difficulty completing or obtaining the above documents, please contact our intake team at youthaodintake@vt.uniting.org to discuss.** |