


RUAH

COMMUNITY SERVICES

Open Hearts. Bold Strides.

Referral Form

**For more information call 13 RUAH (13 7824)
or email connecting@ruah.org.au**

Ruah has a variety of programs available to assist individuals and families. Please see the Ruah website for more information about the programs available and their eligibility criteria, or call 13 RUAH (13 78 24) to speak with someone about a potential referral.

If you are filling this referral in for someone else, please obtain the person's consent and tick the box on the last page before submitting this form to Ruah. If there is a Guardianship Order in place the guardian's consent is required. Anyone can complete this form - a friend/family member, support organisation or other agency, or you can refer yourself to Ruah services.

Please note, items with an asterisk (*) must be completed for the referral to be considered. The other questions are optional, however the information in this form assists Ruah to prioritise referrals and determine which Ruah program/s or other services may be suitable for the person being referred. Additional documents such as discharge summaries, care plans, etc may be attached as necessary.

Completed form and accompanying documents may be submitted via:

Email connecting@ruah.org.au

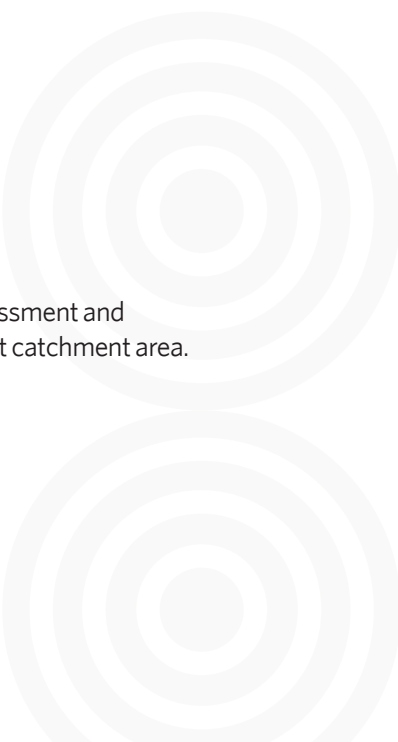
Post PO Box 8078

Subiaco East, WA 6008

Fax (08) 9481 0808

Please note*

Completing this form does not guarantee access to Ruah services. Wait times for assessment and services vary, please call 13 RUAH (13 7824) for an estimated wait time for the relevant catchment area.



Name

*First Name:

*Last Name:

Preferred Name: Gender Pronouns (he/she/they):

DOB:

Gender Male Female Transgender Not Specified

Address

*Suburb

Post Code

Email

Phone

*Please note, at least one method of contacting the person must be provided

Country of Birth

Aboriginal YES NO

Torres Strait Islander YES NO

Main Language

Dialect

Interpreter Required YES NO

Reason for Referral

Living Arrangements

What best describes your current living arrangement?

Caravan park Hospital Private rental Public housing Home owner

Sleeping rough Couch surfing Other homelessness Crisis accommodation Prison

Temporary housing Transitional housing

Who do you/they live with? Alone Family Share house

Is the housing safe? YES NO

Is the housing stable? YES NO

Is it safe and appropriate to send Ruah workers to the property? UNKNOWN YES NO

Health

Mental health diagnosis (If no formal diagnosis, please describe symptoms)

How long has the person been experiencing the symptoms?

Physical health concerns

Medication (including dose)

Hospital admission in the last 30 days?

YES NO

Is there a Community Treatment Order in place?

YES NO

Substance Use

Has the person had any issues with alcohol and/or other drugs? Current Past No issue

Please provide further information if you think this affects the support the person needs:

Existing Supports

Current treating doctor or team:

Practice:

Safety

- Does the person have a history of harming themselves or others? YES NO
- Does the person have a history of suicidal ideation? YES NO
- Has the person ever been in trouble with the police? YES NO
- Has the person ever spent time in custody? YES NO
- Is the person at risk of harm from someone else? YES NO

Please provide any further details in relation to safety:

Consent

- Do you consent to your information being stored in Ruah's secure client database? YES NO
- Do you consent to Ruah contacting your referrer (details below)? YES NO
- If person is not present, please indicate if they have provided verbal consent to the above YES NO

(Please note that the referral will not be processed until this occurs)

Next of Kin

(In case of emergency, may be used to make contact with person if not able to make contact directly)

*First Name: _____ *Last Name: _____

*Contact Number/s: _____

Guardianship

- *Is there an Enduring Power of Guardianship in place? YES NO
- *Is there a Guardianship order with the Public Advocate? YES NO
- *Is there an Administration order with the Public Trustee? YES NO

Referral Details

If you have completed this form on someone's behalf, please complete the following information

Referrer/Support Person Name: _____

Agency: _____

Phone: _____

Email: _____

- *Is the person aware and have they given consent for you to complete this referral on their behalf? YES NO
- Have you assisted in completing this form due to the person's level of literacy? YES NO

Additional Information

Please note that any additional information provided will assist in the referral process.
Additional documents can also be submitted with referral, and will be treated with confidentiality.



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