



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.

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](mailto:connecting@ruah.org.au)

Post PO Box 8078

Subiaco East, WA 6008

Fax (08) 9481 0808

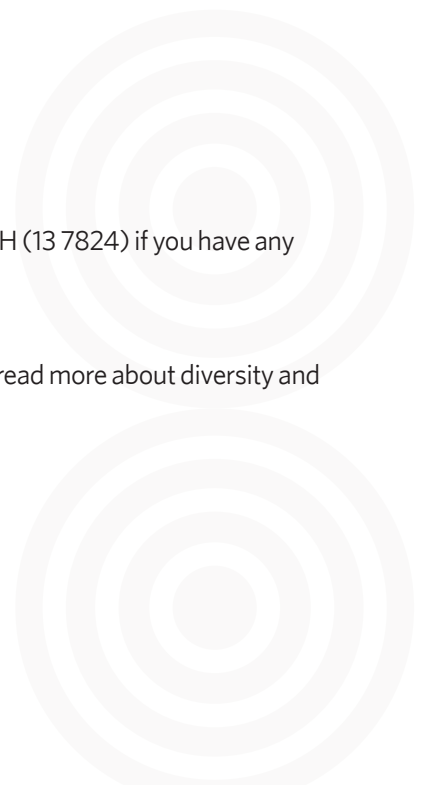
Please note*

Completing this form does not guarantee access to Ruah services. Please call 13 RUAH (13 7824) if you have any queries about the referral process or timeframes.

At Ruah, we believe that everyone is welcome; everyone belongs. If you would like to read more about diversity and inclusion at Ruah, please [visit our website](#).



Everyone is welcome. Everyone belongs.



Name

*First Name: _____ *Last Name: _____

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

DOB: _____

Gender Male Female Gender Diverse / Non Gendered Transgender Male Transgender Female
 Non-Binary Gender Fluid Prefer Not To Say Self identify

Intersex variation YES NO Prefer Not to Say

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

Any children or dependants YES NO If yes, number of children and ages:

Reason for Referral

Living Arrangements

What best describes the person's current living arrangements?

Caravan park Hospital Private rental Public housing Home owner

Sleeping rough Couch surfing Other homelessness Crisis accommodation Prison

Temporary housing Transitional housing

Who do 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 and Wellbeing

Current mental health diagnosis

Date of first diagnosis

Impacts of diagnosis:

Details of hospital admissions (up to last 90 days):

BRA, Discharge Summary and Crisis Action Plan etc. to be attached YES NO

Is there a Community Treatment Order in place? YES NO

Are there any PSOLIS alerts? YES NO

If yes, provide details:



Co-occurring Conditions

Physical Health Concerns YES NO

Details:

Current/historical alcohol/substance use YES NO

Details:

Intellectual Disability (Diagnosed?) YES NO

Details:

Learning Disability (Diagnosed?) YES NO

Details:

Cognitive Impairment YES NO

Details:

NDIS

Has this person been assessed for NDIS eligibility? YES NO

Details of when assessed / outcome etc:

Medication (including dose)

Existing Supports

Current treating doctor or team:

Practice:

Contact Number:

Suburb practice is located:

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

Is there a history of family or domestic violence? YES NO

Please provide any further details in relation to safety:

Note: if issues of safety and security exist it will not necessarily preclude the individual from accessing services. Any safety and security issues identified will be further discussed with the referrer so that a support plan or risk management plan can be adopted.

Consent

- Is the person aware and have they given consent for this referral to be completed? YES NO
- Does the person give permission for the release of their information to Ruah? YES NO
- Does the person give permission for Ruah to contact them? YES NO

Please note that the referral will not be processed unless the above is confirmed

Next of Kin / Emergency Contact

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

Name: _____

Position/Role: _____

Organisation Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Frequency of Contact with Referred Person: _____

Will you be providing ongoing clinical/case management support? YES NO

Note: 'Duty of care' for individuals referred to the MH&W program remains with the referrer until Ruah completes an intake assessment. If accepted to the program, a shared model of responsibility will commence.

For more information regarding this please contact the Engagement Team on 13 78 24 or email connecting@ruah.org.au

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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