



**Richmond
Wellbeing**

STEP UP STEP DOWN REFERRAL FORM

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Application Process

Before you start your application...

Richmond Wellbeing Step Up Step Down service (SUSD) is a 10 bed residence located in Glen Iris, Bunbury, that assists people between the ages of 18 and 64 years who are experiencing significant mental health distress. Individuals may stay at the service for up to 30 days.

Step down services provide support where individuals no longer require acute inpatient care yet require additional supports that will assist transition back into the community. Step up services provide additional support for individuals in the community, who are experiencing heightened mental distress. The Richmond Wellbeing SUSD is not a substitute for inpatient hospitalisation, as it does not provide emergency or crisis accommodation services. The Richmond Wellbeing SUSD provides short term accommodation with intensive supports, to assist individuals who are in mental distress as they engage in their personal recovery and wellbeing journey.

Referrals can be made by:

- A Psychiatrist
- A Mental Health Service
- A General Practitioner
- An Acute Hospital Unit (this includes emergency departments)

Supporting Documents Checklist

Please refer to the following checklist to ensure your referral is complete and all relevant information is available on BOSSNET.

Step Up Supporting Documents

Brief Risk Assessment (refer to attached)
Mental Health Care Plan
Medication Profile

Once a SUSD referral is received by Richmond Wellbeing, it will be assessed for eligibility & suitability. A panel will review the information to determine the needs of the person and what the service offers. The applicant and referring parties will be advised of the referral outcome within 48 hours.

Admission Eligibility

Individuals between the ages of 18 and 64 years and:

- Have a mental health condition and are currently linked in with a Psychiatrist, General Practitioner, or Clinician
- No longer require ACUTE care in an inpatient setting
- Are willing to commit to participate in a SUSD recovery program and to live within the Community Living Agreement
- Have a confirmed residence within the South West Geographical Catchment area and confirmed exit plan
- Have a current Mental Health Care Plan, Risk Assessment and Medication Profile
- Are willing to undergo a Physical Health Assessment upon entry (if one is not available prior to time of entry)

Service requests for individuals of 16-17 years of age, or older than 64 years of age, will be accepted on a case by case basis. Guardian consent and additional assessment may be undertaken to assure suitability and safety of participants within these age ranges.

For further information please visit our website www.rw.org.au, contact us on 1800 742 466, or email our Intake Officer at intake@rw.org.au

Step Down Supporting Documents

Risk Assessment and Management Plan (RAMP)
Current Mental Health Care Plan
Medication Profile
NDIS Plan
Urgent Care Plan Summary
Mental Health Care Plan Summary
Discharge Summary

STEP UP STEP DOWN REFERRAL



REFERRER DETAILS

Name	Agency/Position	
Postal Address	Postcode	
Phone	Email	
Reason for referral	Step Up	Step Down
How did you hear about us?		
Website	Friend/Family/Another Client	Flyer
Social Media	Radio	Advertising
Event	Google	
Other		
Is there a current Community Treatment Order in place? If so, please attach documentation	Yes	No

Applicant to Complete

First Name	Family Name	
Preferred Name	Date of Birth	
Address	Postcode	
Phone	Mobile	Email
Gender:	Female	Transgender Male (FTM)
	Transgender Female (MTF)	Non Binary
	Male	Self describe
	Prefer not to say	
	Different Identity (please state)	
Sexuality:	Straight/Hetrosexual	Prefer not to disclose
	Lesbian/Gay/Homosexual	
	Bisexual	
	Unsure	
	Self describe	
Intersex Status:	Yes	Unsure
	No	

CONTACTS

Nominated support person (Next of kin / Alternative contact)

Name Phone Mobile
Email

Do you have a case manager?

Yes No

Name Organisation
Email Mobile

Do you have a guardian appointed?

Yes No

Name Phone Mobile
Email

Do you have a public trustee?

Yes No

Name Phone Mobile
Email

Do you have a GP?

Yes No

Name Phone Mobile
Email

Which of the above is your preferred contact?

Support Person Case Manager Public trustee GP

HEALTH AND WELLBEING

Formal mental health diagnosis? Yes No
If yes, please specify

Immediate concerns

Do you have a history of drug and alcohol use?

Do you have any physical health issues?

Any associated Risk Behaviours eg Self Injury, at risk of overdose, Blood Borne diseases?

I am aware there is AOD counsellor onsite for support as requested. Yes No

Do you have a Forensic History? If so, please attach do

Yes No

Are there current orders such as Violence Restraining Orders, Child Protection Orders, Supervision Orders?

Yes No

Any hospital admissions in the last 12 months?

Yes No

If yes, please attach relevant documentation.

Do you require support taking your medication?

Yes No

Do you take regular medication? (attach your medication regime)

Yes No

Do you use a Webster pack?

Yes No

STEP UP STEP DOWN REFERRAL



CONSENT

Emergency/Early Exit Plan

Have you thought of or made any arrangements in the event of an emergency?

Yes No

*In the event you are required to leave the program early, where will you go? Please provide details:

Confirmed residence within the South West geographical catchment area?

Yes No

Confirmation of post SU/SD accommodation

Name

Yes No

Contact

Address

Make sure you have attached supporting documentation.

I acknowledge the information provided is true and correct.

I agree that Richmond Wellbeing may contact my health service providers to gather additional information to assist with referral if needed.

Name of consenting applicant

Date

Please complete form and return to Richmond Wellbeing
E: intake@rw.org.au