



**Richmond
Wellbeing**

OUTREACH REFERRAL FORM

**NPSM, NDIS, & MULTICULTURAL MENTAL
HEALTH SERVICE**

OUTREACH REFERRAL FORM

COMMUNITY OUTREACH SERVICES

National Psychosocial Support Measures (NPSM)

The National Psychosocial Support Measures Program (NPSM) provides time-limited supports to eligible individuals that focus on building capacity and stability in the following areas:

- social skills and connections, including family connections;
- day to day living skills;
- financial management and budgeting;
- finding and maintaining a home;
- vocational skills and goals;
- maintaining physical wellbeing, including exercise; and
- building broader life skills including confidence and resilience

A NDIS eligibility decision is not required for new applicants to be eligible to receive psychosocial support and individuals may be supported to make a NDIS eligibility application as part of their program.

Multicultural Mental Health Service

Multicultural Mental Health Service is funded by WAPHA to work with individuals and families from a culturally and linguistically diverse (CaLD) background to support their social and emotional wellbeing. This program will provide low intensity clinical treatment for people who suffer from mild to moderate mental health and/or alcohol or other drug issues. This service operates in the Primary Health Network South and offers culturally appropriate, strengths-based and person-centred outreach support. Anyone can refer an individual to this program. Self-referrals are also accepted.

NDIS

NDIS is a service that endeavours to provide individualised support for people with an ongoing mental health diagnosis. NDIS takes a person-centred strength based approach, working with participants, their families and carers to develop an individualised plan. NDIS aims to connect participants with their community, and mainstream supports help participants pursue their goals and aspirations to participate in everyday life.

Please visit our website at www.rw.org.au, to find out which scheme you can apply for. Richmond Wellbeing is able to assist in applying to NDIS, support co-ordination of an existing plan, and/or service delivery.

More information on each of these services is available on our website www.rw.org.au. If you require assistance in selecting the right service, please contact our Intake Officer at intake@rw.org.au or 1800 742 466.

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REFERRER DETAILS

Name:	Agency / Position:
Postal Address:	Postcode:
Phone:	Email:

APPLICANT TO COMPLETE

1. Your Details

First Name:	Family Name:	Date of Birth:
Preferred Name:	Ethnicity:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTIQ+ <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer		
Address:	Postcode:	
Phone:	Mobile:	Email:
Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Torres Strait origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Culturally and Linguistically Diverse: <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth:	
Main Language spoken: <input type="checkbox"/> English <input type="checkbox"/> Other:		
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Status:	
Living Situation: <input type="checkbox"/> Living Independently <input type="checkbox"/> Living with family member/carer <input type="checkbox"/> Homeless <input type="checkbox"/> Other:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto		
Children: <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:	
Source of Income: <input type="checkbox"/> Age Pension <input type="checkbox"/> Carer Allowance <input type="checkbox"/> Disability Pension <input type="checkbox"/> Department of Veteran's Affairs <input type="checkbox"/> Family Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Paid work <input type="checkbox"/> Other (please specify):		
Hold a DVA Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type? <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Other	

2. Contacts

Nominated support person (Next of kin / Alternative contact)

Name:	Relationship:	
Email:	Phone:	Mobile:
Do you have a Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	
Email:	Phone:	Mobile:
Do you have a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	
Email:	Phone:	Mobile:

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Do you have a Public Trustee? Yes No Name: _____

Email: _____ Phone: _____ Mobile: _____

Do you have a GP? Yes No Name: _____

Email: _____ Phone: _____ Mobile: _____

Which of the above is your preferred contact? Support Person Case Manager
 Public Trustee GP

3. Support and Areas of Need

Service you are seeking: NPSM NDIS Multicultural Mental Health Service
 ROS (*internal*)

Existing NDIS Plan: Yes No NDIS Plan Number: _____ (*Attach plan*)

Current diagnosis / disability: Yes No If yes, please provide details.

Currently receive support from a service: Yes No

Where from: _____

Previously applied for Richmond Wellbeing: Yes No

Are there recovery steps you are working towards: Yes No Can you share them?

Are there some specific areas you would like support to access i.e. education, employment, recovery planning, navigating life problems, things around the house?

What has helped you in your recovery thus far?

What are you passionate about?

4. Health and Wellbeing

4.1 Any mental health issues you currently receive treatment or support for? Yes No

If yes, when did you first receive treatment/support for this?

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4.2 Any physical health concerns you currently receive treatment for? Yes No
If yes, how long have you received treatment for this?

4.3 Describe how your answers from Questions 4.1 and 4.2 impact your life.

Do you have any legal issues we need to know about? (E.g. outstanding charges, convictions or a community treatment order) Yes No
If yes, please provide details:

Do you have any Alcohol or Drug issues? Yes No
If yes, please provide details:

Are you linked in with any Alcohol or Drugs services? Yes No

5. Consent

I **consent** to the disclosing of my personal and health information to Richmond Wellbeing for the purpose of assessing my eligibility for receiving recovery support services.

Signature: _____

Date: _____

* If Guardian, provide a copy of your Guardian Order issued by the State Health Tribunal.

PLEASE COMPLETE
FORM & RETURN TO
RICHMOND
WELLBEING
F (08) 9258 3090
E intake@rw.org.au

Richmond Wellbeing Inc.
ABN: 36 658 041 325
Charitable Collections
Licence No: 20566
P: PO Box 682,
Bentley WA 6982
T: 1800 742 466



TRANSLATING
AND
INTERPRETING
SERVICE



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