Richmond Wellbeing

ABORIGINAL OUTREACH REFERRAL FORM

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This service will support Aboriginal and Torres Strait Islander people and their families who are affected by mental health, alcohol and other drugs issues. Aboriginal Mental Health Practitioners will lead the service and support clients and families through a Cultural model that provides a holistic and strengths based approach to recovery.

Aboriginal Outreach Services will reach Aboriginal families who have never accessed MH/AoD services and/or who have stopped accessing services. A holistic experience of health and wellbeing is central to Aboriginal people - being healthy and strong encompasses physical, social, emotional, cultural and spiritual wellbeing. Staff will work within a Social and Emotional Wellbeing framework that recognises the historical and social determinants of health and the impacts of intergenerational trauma, grief, loss and exclusion.

The service will draw on the cultural determinants of health to build a person's strength and ability, and cultural connections to Country, family, community, and self-identity, recognising that a multitude of complex issues are in operation for Aboriginal people and that improvements in the management and recovery of MH/AoD issues must involve a range of strategies.

Culturally secure model and develop culturally appropriate treatment pathways, working to gain respect and trust among Aboriginal communities increasing access to services for Aboriginal people as a result. The service will reach out to Aboriginal people and their families and provide the support required for people to feel strong and stand tall in themselves and in their community.

More information *on each of these services in 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:

How did you hear about us?

Website: ☐ Social Media ☐ Event ☐ Friend/Family/Another Client ☐ Radio ☐ Google
Flyer ☐ Advertising ☐ Other: Please name ☐_____

APPLICANT TO COMPLETE

1. Your Details

First Name: Family Name:

Preferred Name:

Gender: ☐ Female ☐ Transgender Female (MTF) ☐ Non binary (Gender queer)
☐ Male ☐ Transgender Male ☐ Different Identity (please state)_____
☐ Prefer not to say

Date of Birth:

Address: Postcode:

Phone: Mobile: Email:

Aboriginal: ☐ Yes ☐ No Torres Strait origin: ☐ Yes ☐ No

Culturally and Linguistically Diverse: ☐ Yes ☐ No Country of Birth:

Main Language spoken: ☐ English ☐ Other:

Interpreter required: ☐ Yes ☐ No Visa Status:

Living Situation: ☐ Living Independently ☐ Living with family member/carer
☐ Homeless ☐ Other:

Relationship Status: ☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widowed ☐ Defacto

Children: ☐ Yes ☐ No Occupation:

Source of Income: ☐ Age Pension ☐ Carer Allowance
☐ Disability Pension ☐ Department of Veteran's Affairs
☐ Family Assistance ☐ Unemployment (Newstart)
☐ Youth Allowance ☐ Paid work
☐ Other (please specify):

Hold a DVA (Department of Veterans Affairs) Card? ☐ Yes ☐ No If yes, what type? ☐ Gold ☐ White ☐ Other

2. Contacts

Nominated support person (Next of kin / Alternative contact)

Name: Relationship:

Email: Phone: Mobile:

Do you have a Case Manager? ☐ Yes ☐ No Name:

Email: Phone: Mobile:

Do you have a guardian appointed? ☐ Yes ☐ No Name:

Email: Phone: Mobile:

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: ☐ AOS

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?

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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?

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

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