



**Richmond
Wellbeing**

OUTREACH REFERRAL FORM

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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

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
How did you hear about us?
Website Friend/Family/Another Client Flyer
Social Media Radio Advertising
Event Google
Other

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 disclose
Different Identity (please describe)
Sexuality: Straight/Heterosexual Prefer not to disclose
Lesbian/Gay/Homosexual
Bisexual
Unsure
Self describe
Intersex Status: Yes Unsure
No Prefer not to disclose

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APPLICANT TO COMPLETE (continued)

Pronouns: They/Them/Theirs None/My Name
 She/Her/Hers Other
 He/ Him/His

Relationship Status: Single Divorced
 Married Widowed
 Separated Defacto
 Self Describe

Aboriginal Yes No Torres Strait origin Yes No Ethnicity
 Country of Birth Culturally & Linguistically Diverse Yes No

Main Language spoken English Other Other

Interpreter required Yes No Children Yes No Visa Status

Occupation

Source of income: Age Pension Paid Work
 Carers Allowance Family Assistance
 Disability Pension Other
 Department of Veteran's Affairs
 Unemployment (Newstart)
 Youth Allowance

Living: Living Independently
 Living with family member/carer
 Other

Hold a DVA Card? Yes No

If yes, what type? Gold White Other

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CONTACTS

Nominated support person (Next of kin / Alternative contact)

Name Phone Mobile
Email Relationship

Do you have a case manager?

Yes No

Name Organisation
Phone Mobile Email

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 Guardian Appointed Public trustee GP

Preferred method of contact?

Text Phone call Email Mail

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SUPPORT AND AREAS OF NEED

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

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

Do you currently receive support from a service?	Yes	No
If yes, 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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HEALTH AND WELLBEING

Existing NDIS Plan? Yes No NDIS Number (please attach)

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

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

4.2 Any physical health concerns you currently receive treatment or support 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 Drug services? Yes No

If yes, please provide details:

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CONSENT

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 my referral if needed.

Name of consenting applicant

Date

Please complete form and return to Richmond Wellbeing

E: intake@rw.org.au