

Aboriginal Outreach Referral Form

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.

Through a culturally secure model to develop culturally appropriate treatment pathways, we work to gain respect and trust among Aboriginal communities, increasing access to services for Aboriginal people as a result.

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 Team at intake@rw.org.au or call **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

Name	Family Name
Preferred Name	Date of Birth
Address	Postcode
Phone	Mobile
Email	

Preferred Method of Contact

- Postal Address (written correspondence)
- Phone
- Email
- Other:

Gender

- Female
- Transgender Male (FTM)
- Transgender Female (MTF)
- Non Binary
- Male
- Self Describe
- Prefer not to disclose
- Different Identity:

Sexuality

- Straight/Heterosexual
- Prefer not to disclose
- Lesbian/Gay/Homosexual
- Unsure
- Bisexual
- Self Describe:

Intersex

- Yes
- Unsure
- No
- Prefer not to disclose

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Applicant to Complete (cont.)

Pronouns

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

Relationship Status

- Single Divorce Self Describe:
 Married Widowed
 Separated Defacto

Do you identify as Aboriginal or Torres Strait Islander?

- Yes - Aboriginal No
 Yes - Torres Strait Islander Prefer not to say
 Yes - Aboriginal and Torres Strait Islander

Do you identify as Culturally and Linguistically Diverse (CaLD)?

- Yes No Prefer not to say

Main Language Spoken

- English Other:

Interpreter required

- Yes No

Country of Birth

Specify:

Children

- Yes No

Living

- Independently Family/Carer Other:

Source of Income

- Occupation: Unemployment (Newstart)
 Age Pension Youth Allowance
 Disability Pension Paid Work
 Department of Veteran's Affairs Other:

Hold a DVA Card?

- Yes (Gold) Yes (White) Yes (Other) No

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Contacts

Nominated Support Person (Next of Kin / Alternative Contact)

Name		Relationship	
Phone		Mobile	
Email			

Do you have a case manager?

Yes No

Name		Relationship	
Phone		Mobile	
Email			

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 and contact method?

- Support Person
 Case Manager
 Guardian Appointment
 Public Trustee
 GP
 Text
 Phone
 Email
 Mail

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Support and Areas of Need

Current diagnosis/disability

Yes No

If yes, please provide more details

Do you currently receive support from a service?

Yes No

If yes, where from?

Are there recovery steps you are working towards?

Yes No

Can you share them?

Previously applied for Richmond Wellbeing?

Yes No

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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Support and Areas of Need

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

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

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

Any physical health concerns you currently receive treatment or support for? Yes No

If yes, how long have you received treatment for this?

Do you have any legal issues we need to know about? Yes No

(E.g. outstanding charges, convictions or a community treatment order)

If yes, please provide details:

Do you have any Alcohol or Drug issues? Yes No

If yes, please provide details:

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

If yes, please provide details:

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Consent

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:

Date:

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