



**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

## 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](http://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](http://www.rw.org.au). If you require assistance in selecting the right service, please contact our Intake Officer at [intake@rw.org.au](mailto: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
ROS (internal)	

Current diagnosis /disability

Yes	No
-----	----

If yes, please provide details

Do you currently receive support from a service?  
If yes, where from?

Yes	No
-----	----

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](mailto:intake@rw.org.au)