

## ***Referral Form:*** **Moorditj Djerpin Wirrin Referral Form**

Aboriginal Outreach Service (AOS) is changing its name on the 14th of February 2023 to Moorditj Djerpin Wirrin which means strong, happy, spirit.

This strengths based outreach service is for and delivered by Aboriginal people.

All Aboriginal and Torres Strait Islander people are welcome.

Working at grassroots, we address intergenerational trauma holistically to build a strong kinship and spirit.

We are community based which means we come to you to yarn in a space you feel safe.

If you require assistance in selecting the right service, please contact our Intake Team at [intake@rw.org.au](mailto:intake@rw.org.au) or call 1800 742 466.

# Moorditj Djerpin Wirrin Referral Form

## 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			

## Preferred method of contact

Phone	Postal Address (written correspondence)
Email	Other:

## 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	

## Gender

*Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.*

Female	Transgender Male (FTM)
Transgender Female (MTF)	Non Binary
Male	Self describe:
Prefer not to disclose	Different identity:

## Country of Birth

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

Yes	No	Prefer not to say
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**Children**      Yes      No

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## Applicant to Complete (cont.)

### Main language spoken

English      Other:

### Interpreter required

Yes      No

### Living

Independently      Family/Carer      Other:

### Do you hold a DVA card?

If yes, what type?      Gold      Yes      White      No      Other

### Nominated support person (next of kin / alternative contact)

<b>Name</b>		<b>Relationship</b>	
<b>Phone</b>		<b>Mobile</b>	
<b>Email</b>			

### Do you have a case manager?

Yes      No

<b>Name</b>		<b>Organisation</b>	
<b>Phone</b>		<b>Mobile</b>	
<b>Email</b>			

### Do you have a guardian appointed?

Yes      No

<b>Name</b>		<b>Email</b>	
<b>Phone</b>		<b>Mobile</b>	

## 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:

### Previously applied for Richmond Wellbeing services?

Yes      No

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## Support and Areas of Need

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

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**Existing NDIS Plan?** Yes No NDIS Plan Number:

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

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

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

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

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**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?

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**Do you have any Alcohol or Other Drug issues?** Yes No

If yes, please provide details?

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

If yes, please provide details?

# Moorditj Djerpin Wirrin Referral Form

## Consent

### Terms and Conditions

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	
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To submit please email completed form to our Intake Officer at [intake@rw.org.au](mailto:intake@rw.org.au)