

Outreach Referral Form

Commonwealth Psychosocial Support (Formerly known as NPSM)

The Commonwealth Psychosocial Support Program (CPS) 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-centered 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 for NDIS, support coordination of an existing plan, and/or service delivery.

Recovery Outreach Service

The Recovery Outreach Service (ROS) is a program for people exiting Richmond Wellbeing supported accommodation services. The ROS program supports you to settle back into the community and provides up to six months' psychosocial support and assistance. A natural extension of Richmond Wellbeing's residential services, and funded by the Mental Health Commission, the ROS team assists you to transition to independent living in the community and develop skills to take ownership of your life. We are also able to support you with testing your eligibility for the NDIS.

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.

Outreach 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

Text	Phone call
Email	Mail

What was your sex recorded at birth?

*Note - there is a separate question about gender

Female	Male
Another term (please specify):	

How do you describe your 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.

Man or male	Woman or female
Non-binary	Prefer not to say
[I/They] use a different term (please specify):	

Were you born with a variation of sex characteristics (sometimes called 'intersex' or 'DSD')?

Yes	No
Unsure/ Dont know	Prefer not to say

How do you describe your sexual orientation?

Straight (heterosexual)	Gay or lesbian
Bisexual	I use a different term (please specify):
Unsure/Dont know	Prefer not to answer

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Applicant to Complete (cont.)

Pronouns

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

Relationship status

Single Divorced 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

Ethnicity

Visa status

Country of Birth

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

Yes No Prefer not to say

Main language spoken

Interpreter required

English Other: Yes No

Children Yes No

Occupation

Source of income

Age pension Youth allowance
Carer allowance Paid work
Disability pension Department of Veteran's Affairs
Unemployment (Newstart) Other:

Centrelink Number

Expiry

Living

Living independently Living with family member/carer
Other:

Do you 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		Relationship	
Phone		Mobile	
Email			

Do you have a case manager? Yes No

Name		Organisation	
Phone		Mobile	
Email			

Do you have a guardian appointed? Yes No

Name		Email	
Phone		Mobile	

Do you have a public trustee appointed? 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 | Public trustee |
| Case manager | GP |
| Guardian appointment | |

What is their preferred contact method?

- | | |
|------------|-------|
| Text | Email |
| Phone Call | Mail |

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Support and Areas of Need

Services you are seeking

CPS

NDIS (please specify below)

ROS (internal)

NDIS Services Requested (e.g. occupational therapy, core supports):

Do you have a current diagnosis/disability?

Yes

No

If yes, please provide details:

Do you currently receive support from a service?

Yes

No

If yes, where from:

Have you previously applied for Richmond Wellbeing services?

Yes

No

Are there recovery steps you are working towards?

Yes

No

Can you share them?

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

What are you passionate about?

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Health and Wellbeing

Existing NDIS Plan?

Yes

No

NDIS Plan Number:

(PLEASE ATTACH NDIS PLAN)

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

4.3 Describe how your answers from Question 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 Other Drug Issues?

Yes

No

If yes, please provide details:

Are you linked with any Alcohol or Drug services?

Yes

No

If yes, please provide details:

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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 of consenting applicant		Date	
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To submit please email completed form, along with required documents, to our Intake Officer at intake@rw.org.au