



07 4771 5346  
info@sharehouse.org.au

296 ROSS RIVER RD  
AITKENVALE Q 4814

## Referral Form

### Young Persons Details:

Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Sex:    Male            Female            Other            Date of Birth: \_\_\_\_\_            Age: \_\_\_\_\_

Identifies as:    Aboriginal            Torres Strait Islander            Both            Neither

Phone Number: \_\_\_\_\_

### Referrers Details:

Name: \_\_\_\_\_ Relationship to Young Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Is the Young Person receiving other Services?

Name of Service: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Service: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Service: \_\_\_\_\_ Phone: \_\_\_\_\_

### Is the Young Person aware of this referral?

Yes             No

Young Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Client has given verbal consent to share personal information to SHIP & QHIP platforms and other agencies as listed above.

Please turn over to complete  
reason for referral

**Reason for Referral:**

Accommodation                      Mobile Outreach

Where is the Young Person currently sleeping?

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Who is the Young Person staying with?

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What is the Young Person's main source of income if any?

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Is the Young Person currently enrolled in Study?    Yes                      No

Where: \_\_\_\_\_

Is the Young Person involved with Child Safety Services?    Yes                      No

Child Safety Officer Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Does the young person have somewhere to stay tonight?    Yes                      No

If no, Sharehouse may not be able to assist a Young Person with their housing needs straight away due to availability, please contact:

Homeless Hotline: 1300 474 753

TAIHS Youth Shelter: 07 4724 3396    After Hours: 0419 632 088

Red Cross Homelessness Service Hub: 07 4795 2980 Address: 296 Ross River Road Aitkenvale

**If you would like to speak to one of our Team, please call the office on 4771 5346.**

**Please email completed referral to [info@sharehouse.org.au](mailto:info@sharehouse.org.au)**

One of our Youth Workers will do their very best to contact you and your young person within 2 business days.

Please note that referrals are not actioned out of office hours or over weekends.

