



Referral Form

Young Persons Details:

Given Name: _____ Middle Name: _____ Family Name: _____

Gender: _____ 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 this young person receiving support from 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?

Who is the Young Person staying with?

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

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

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.

