



**Nunkuwarrin Yunti
of South Australia Inc.**

CLIENT REFERRAL FOR SOCIAL & EMOTIONAL WELL BEING CASE WORK SERVICES

Name:	Date:
D.O.B	Name and Role/Job Title of person making Referral
Phone: (please ensure contact number is correct)	Name of Organisation making the referral:
Address:	Contact details of person making referral:

Please provide as much detailed information as possible to assist allocated worker commence support

PLEASE EMAIL COMPLETED REFERRAL: christopherh@nunku.org.au

Has the person given consent for this referral: Yes No ?

Existing Communicare Client: Yes, No Client Number:

Social Emotional Wellbeing Case Work Support Redress Case Management

If preference please state if male or female worker preferred _____

Short Term Support (0 – 6 months approx) Long Term Support (longer than 6 Months) Aboriginal

Torres Strait Islander

Main Language spoken/ is an interpreter required (Yes / NO)

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Name of the community to whom client is known and connected (if known):

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Identified client needs requiring support: (please provide detail) Please include current supports in place by referring agency:

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SOCIAL EMOTIONAL WELLBEING

Physical health concerns (does client access NY GP service? Or have access an external GP)

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Mental health concerns (ie. does the client need a Mental Health Care Plan or already have one?)

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OTHER AGENCY OR SERVICE INVOLVEMENT

(Please Provide Contact Name and details for any supports currently involved with the client and where possible & relevant details of the support).

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RISK MANAGEMENT:

(Any Known Risks that worker should be aware of? ie Barriers to Home visiting etc)

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ANY OTHER RELEVANT INFORMATION AS IDENTIFIED BY REFERRER:

(Please include the details of any other services involved with this client or other identified issues ie criminal justice matters, risk of homelessness, job network, Centrelink status....)

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