PARTNERS IN RECOVERY
INNER WEST SYDNEY
connecting communities for a healthy and meaningful life

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REFERRAL for INNER WEST SYDNEY PARTNERS IN RECOVERY

Inner West Sydney Partners in Recovery provides support to people with long-term and severe mental health needs. Our program seeks to assist eligible consumers to connect with relevant services and supports, through:
1) Assisting with the process of applying for the National Disability Insurance Scheme (NDIS) and
2) Sourcing and coordinating the multiple supports/services a consumer requires to move forward with their recovery-focused mental health & wellbeing goals.

DATE: _____ REFERRAL COMPLETED BY: _____

PERSONAL DETAILS of Person Being Referred to Partners in Recovery

Full Name:_____ Preferred Name: _____

Gender: *Female* ☐ *Male* ☐ *Transgender* ☐ *Intersex* ☐ *Other:* ☐ _____

D.O.B: _____/_____/_____ *(Please note, IWSPIR is not able to accept new referrals for individuals aged over 65 years).*

Current Address: _____

Mobile Phone: _____ Home Phone: _____

Email: _____ Preferred Contact Method: _____

Country of Birth: _____ Main Language at Home: _____

Communication Aid Required: ☐ Yes ☐ No Interpreter Required: ☐ Yes ☐ No

Identify as: Aboriginal ☐Yes ☐No **and/or** Torres Strait Islander ☐ Yes ☐No

REFERRER DETAILS

Referrer's Name*: _____Position or Relationship to Individual:_____

Organisation Name *(if relevant)*:_____

Telephone:_____Mobile:_____

Email: _____ Where did you hear about PIR?_____

***If you are completing this referral for another person, please respond to the questions on this form in consultation with the person who you are referring. The referral is designed to capture information about a person's mental health experiences, support needs and future goals from their own perspective.

NATIONAL DISABILITY INSURANCE SCHEME (NDIS) INFORMATION

The National Disability Insurance Scheme is the Australian Government's new way of providing funding and support to people with disability-related needs, under age 65. The scheme will provide individualised funding to those with disabilities that are likely to be permanent and lifelong, to assist people to participate more fully in the community, according to their needs and goals. People with psychosocial disabilities, or disabilities that arise from mental health needs, are able to apply for funding through the NDIS.

1. Had you heard of the NDIS before your current contact with Partners in Recovery? (please tick) ☐ **Yes** ☐**No**

2. YOUR NDIS APPLICATION STATUS (please tick relevant box)

I have requested an NDIS Form but not yet submitted it.		*I have already submitted an NDIS Application, and am waiting for an outcome.*	
I may be interested to submit an application in the future if more information is provided.		*I am not interested in applying for the NDIS.*	
I have successfully applied for and received an NDIS package.			
Other: (please state)			

3. Residency Status (please tick relevant box)

I am an Australian Citizen		*I am a Permanent Resident*	
*I hold a Special Category Protected Visa**			
Other: (please state)			

***A Special Category Protected Visa** (SCV) is a temporary visa granted to New Zealand citizens subject to satisfying certain character and health requirements. An SCV holder will be a protected SCV holder if:

- the person was in Australia on 26 February 2001, and was a special category visa holder on that day; or
- the person had been in Australia for a period of, or for periods totaling, 12 months during the 2 years immediately before 26 February 2001, and returned to Australia after that day (section 9).

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MENTAL HEALTH INFORMATION

4. What mental health condition/s or illness do you experience? (please state below)

5. When did you first experience symptoms associated with this condition or illness? (Approximate year) _____

6. Have you received a formal diagnosis for this mental health condition? ☐ **Yes** (please see below) ☐ **No**

If you responded **Yes** to Q6 above, what medical professional provided you with this diagnosis? (please tick below)

GP		Psychologist		Psychiatrist		Community Mental Health Team Staff Member		Hospital Mental Health Team Staff Member		Unsure	
Other (please provide details)											

7. Have you been hospitalised for your mental health needs in the past year? ☐ **Yes** ☐ **No**

If you responded **Yes** to Q7 above, please provide additional details in the boxes below.

When Hospitalised?		Where Hospitalised?		Hospitalised for how long?	

8. Have you been hospitalised for mental health needs *more than once* in the past 10 years? ☐ **Yes** ☐ **No**

If you responded **Yes** to Q8 above, approximately how many times have you been hospitalised for mental health needs in the past 10 years? (please respond in adjacent box)

CURRENT SUPPORTS

9. Are you currently receiving treatment and/or support in relation to your mental health? ☐ **Yes** ☐ **No**

If you responded **Yes** to Q9 above, what treatments and supports are you currently receiving? (please all treatments/supports that currently apply to you below)

TYPE OF TREATMENT/SUPPORT	Please tick all boxes that apply to you	DETAILS (Name of health professional/s, medication/s or group program)
Counselling		
Support from GP		
Psychiatrist		
Group Support Program		
Medication		
Community Mental Health Team		
Hospital Outpatient Program		
Exercise Program		
Other		

10. If you are not currently receiving treatment/support for your mental health needs, have you previously accessed any of the above support options? (please tick) ☐ **Yes** ☐ **No**

If you responded **Yes** to Q9 above, what treatments/supports have you previously received? (please list previous treatments/supports in box below)

CURRENT SUPPORT NEEDS

11. In what areas do you require additional support from Partners in Recovery, to help you work towards your mental health recovery and personal wellbeing goals? (please tick any box below that applies to you)

- ☐ Housing/Accommodation
- ☐ Alcohol and/or Drug use challenges
- ☐ Accessing a Psychiatrist
- ☐ Financial challenges
- ☐ Physical health/medical issues
- ☐ Sourcing a GP
- ☐ Advocacy
- ☐ Transport
- ☐ Household tasks (Cleaning and organising my house)
- ☐ Legal matters
- ☐ Linking with a Psychologist/Counsellor
- ☐ Family issues
- ☐ Improving my day-to-day Living Skills (Cooking, cleaning etc)
- ☐ Expanding my social networks
- ☐ Employment/Job-search activities
- ☐ Case Management (Managing appointments, brokerage, crisis support)
- ☐ Other needs (please list in box below if applicable)
- ☐ Support Worker (Help with day-to-day tasks, transport, company to appts etc)

12. Please provide more details about the support you require, in relation to the needs identified in Q11 above. How would you like Partners in Recovery to assist you with these needs? (please provide details below).

13. Who is currently assisting you to meet your needs and personal wellbeing goals? (If applicable, please specify services and/or individuals in box below).

FURTHER INFORMATION

14. What is your current living arrangement? (private rental, share-house, boarding house, living with family, transitional accommodation, homeless etc)

_____

15. What is your source of income? _____

16. Do you have any current Legal and Statutory Directives applicable to you?

Mental Health Community Treatment Order ☐	Guardianship and Administrative Order ☐	Order Related to Children ☐
Court and other statutory Order ☐	Apprehended Violence Order (AVO) ☐	Other ☐ _____

17. Are there any potential risks or safety issues associated with providing you with support?

☐ **Yes** ☐ **No** (If yes, please provide details below).

18. What strengths and personal resources have helped you in the past with your mental health, personal wellbeing, or life?

CONSENT and CONFIDENTIALITY DECLARATION

19. <u>IF YOU ARE SUBMITTING THIS REFERRAL FOR YOURSELF:</u> Do you provide consent for the submission of this referral to Partners in Recovery, and are you open to future involvement with PIR? ☐ **Yes** ☐ **No**

<u>IF YOU ARE SUBMITTING THIS REFERRAL FOR ANOTHER PERSON:</u> Has the person who is the subject of this referral provided specific consent for a referral to Partners in Recovery and, if eligible, are they open to future involvement with PIR? ☐ **Yes** ☐ **No**

Information and personal details contained within this referral will be kept confidential, in accordance with the Privacy Act (1988). However, to assist my application for support from the Inner West Sydney Partners in Recovery (IWSPIR) organisation, I, _____ (*person being referred*) give consent for IWSPIR to:

1) ***Liaise with the referral source***, and seek additional information pertaining to this referral.
2) ***Keep a record of my referral***, and share my referral details with Inner West Partners in Recovery staff members, where this may assist my application for support.
3) ***Have contact with other agencies*** about relevant support options that may be available for me, to exchange information about my needs and discuss strategies that may help me to meet my goals.
4) ***Contact me via phone, email, or postal correspondence***, to update my information and confirm whether I am still interested in support from IWSPIR.

In addition, I am aware that Partners in Recovery is legally obligated to share my personal details with other agencies in the following circumstances:

1) Where my safety, or the safety of others, may be at risk.
2) If I am deemed eligible for the IWSPIR program, the National Disability Insurance Agency (NDIA) will request my contact details and personal information from IWSPIR for the purposes of assessing my potential eligibility for the National Disability Insurance Scheme. This is required under Section 55 of the National Disability Insurance Scheme Act (2013). I understand that IWSPIR will provide this information to the NDIA if requested.

_____ Date: ____/____/_____

Signature of Person being referred/legal guardian

** The Privacy Act requires the applicant or person responsible to sign this form, giving their consent for the release of their information and details. The IWSPIR organisation will only use this information for its intended purpose, as specified above.*

To make an enquiry or refer yourself to IWSPIR, call 1800 501 858.
To submit a referral, email this form to iwspir@newhorizons.net.au or fax: 02 9799 7754
or post this form to:

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