

Select program(s)

Tick the program this referral is for, then email the completed form to the address shown on that program.

☐ Homeless Youth Assistance Program HYAP

Supports unaccompanied children and young people aged 12 to 15 years who are at risk of or experiencing homelessness.

- Homelessness prevention
- Strengthening family, community connection, emotional wellbeing and safety via case management and support
- Intensive child/young person and family work
- Crisis accommodation support
- **Local government areas:** Newcastle, Lower Hunter, Upper Hunter, Lake Macquarie, Port Stephens, New England and Mid Coast regions

Submit completed form to hyap@samaritans.org.au
Urgent crisis accommodation **0419 631 511**

☐ Specialist Homelessness Service SHS

Supports young people aged 16 to 24 years who are at risk of or experiencing homelessness.

- Housing assessment and homelessness support
- Crisis and transitional accommodation support
- Rapid rehousing via case management and support planning
- **Local government areas:** Newcastle, Maitland, Cessnock, Dungog

Submit completed form to shs.intake@samaritans.org.au
Urgent crisis accommodation (Maitland) **0419 631 511**
Urgent crisis accommodation (Newcastle) **0428 962 735**

☐ Rent Choice Youth RCY

An NSW Government private rental assistance program that helps young people secure and sustain safe, affordable housing in the private rental market while they engage in education, training or employment. It provides financial assistance towards rent and ongoing support to build long-term housing independence.

- Young person aged 16 to 24 years who is at risk of or experiencing homelessness
- Low income and/or working and/or studying
- Meets NSW social housing assistance and residency requirements
- **Local government areas:** Newcastle, Maitland, Cessnock, Dungog

Submit completed form to rentchoice@samaritans.org.au

☐ Reconnect RECONNECT

An early intervention program that supports young people aged 12 to 18 years who are at risk of or experiencing homelessness (newly arrived migrants and refugees up to the age of 21 years).

- Strengthening family, community connection, emotional wellbeing and safety via case management and support
- **Local government areas:** Newcastle, Lake Macquarie, Cessnock, Maitland and Port Stephens

Submit completed form to reconnect@samaritans.org.au

1 Referring party details

Name	Organisation	Position
Contact number	Email	Relationship to person

2 Consent

Consent to share information from the person ☐ Yes ☐ No

Person is aware they will receive contact from the service to provide further information for assessment and support ☐ Yes ☐ No

Acknowledgement of the above and consent to share information must be obtained prior to this referral.

Is the person currently engaged with other services? ☐ Yes ☐ No

If yes, please provide further detail

Organisation	Contact name	Phone number	Email

Consent from parental responsibility if person is under 16 years of age

☐ Yes ☐ No

Parent/carer name

Relationship to person

Contact number

Email

Address

3 Person details

Name

Date of birth

Age

Contact number

Email

Gender & pronouns

Home address

Current address if different to above

Accommodation detail / type

Country of birth

Australian citizenship

☐ Yes ☐ No

Can stay safely in living arrangement for

- ☐ Tonight only ☐ A few more nights after tonight ☐ Approx. 1 week ☐ Approx. 2 weeks
☐ Approx. 1 month ☐ Cannot stay safely within current living arrangements

Does the person identify as

- ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐ Neither

Enrolled in education

- ☐ Yes ☐ No

Details

Employed

- ☐ Casual ☐ Part time ☐ Full time

Details

Disability

- ☐ Yes ☐ No

NDIS plan

- ☐ Yes ☐ No

Coordinator of Supports (CoS) details

Are there any behaviours of concern to know about?

☐ Yes ☐ No

Details

Immediate safety concerns?

☐ Yes ☐ No

Details

4 Mandatory reporting

Child Protection Helpline report number

Police event number

Details

Office use only

Date referral received

Received by

Eligibility☐ Eligible☐ Not eligible☐ Further information required

If not eligible, please outline support (e.g. information, advice, referral)

☐ Referrer contacted

Date

☐ Person contacted

Date

☐ Intake assessment completed

Date

☐ Immediate safety or concerns*List mitigations below*

Notes / actions taken